Acceptable POC#4

Division of Health Care Facilities

PRINTED: 01/25/2016 FORM APPROVED

3-17-16

If nontrivision sheet, 1 of 103.

STATEMENT OF CEFICIENCIES (X1) PROVIDER/SUPPLEMELIA IX29 MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY DENTIFICATION MUMBER A BUILDING: COMPLETED TM6101 B. WING 01/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ACCRESS, CITY, STATE: ZIP CODE BROOKEWOOD NURSING CENTER, INC 332 RIVER ROAD DECATUR, TN 37322 (XX) NO PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING & FORMATION) CONFLETE DATE PINEFIX TAG TAG CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY N 000 Initial Comments N 000 This plan of correction is our credible 2-17-16 Based on an annual Licensure survey conducted Allegation of compliance, 1/10/16 through 1/15/16 the facility was cited a. "Preparation and or execution of Type "A" penalty for failure to ensure family correction does not constitute admisnotification of changes in condition, failure to sion of agreement by the Provider of implement interventions to prevent and treat Pressure Ulcers, failure to revise care plans for the truth of the facts alleged or falls interventions and for pressure ulcers, failure deficiencies. The plan of correction to investigate injuries, and failure to prevent falls is prepared and or executed solely resulting in significant injury. The facility's failure because it is required by placed seven residents (#23, #24, #26, #34, #40, #76, and #77) in an environment which was the provisions of federal and state law." delirimental to their health, safety and welfare. N 401 1200-B-6-,04(1) Administration 3-17-16 N 401 N401 1200-8-6-,04(1) (1) The nursing home shall have a full-time Administration (working et feast 32 hours per week) administrator licensed in Tennessee, who shall 1.1/15/2016-Administrator not function as the director of nursing. Any change of administrators shall be reported in directed Emergency Meeting writing to the department within fifteen (15) days. attended by members of the The administrator shall designate in writing an individual to act in his/her absence in order to QA Committee regarding survey provide the nursing home with administrative outcomes and resident safety. direction at all times. The administrator shall including Pressure Ulcers, assure the provision of appropriate fiscal resources and personnel required to meet the Treatments not performed as needs of the residents. ordered, Falls, and Incidents of Unknown Origin. Quality Assurance committee consists of the Administrator, Director of Nursing, Assistant Director of This Rule is not met as evidenced by: Based on facility policy review, review of facility Nursing, Social Services documentation, medical record review. Director, Business Office observation, and interview, the facility failed to be Manager, Activity Director, administered in a manner to ensure notification to Division of Health Core Facilities LAROSATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE cros batte

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	DECAT	IR. TN 37322			
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FIREWOOD, TO MARK	ittelle injuries in angue		Maintenance Director,	3	
family of changes in condition, to provide won care and treatements as ordered by the physician, to investigate injuries, to ensure revision of care plans were done with appropriand individualized interventions to prevent fall and to prevent and treat pressure utcers, and ensure an appropriate falls intervention prograwas implemented to prevent residents from having multiple falls and injuries with falls. The facility's fallure placed seven residents (#23, ##25, #34, #40, #76, and #77) in an environmented to their treatin, safety, and welfare. The findings included: Interview with the Administrator on 1/15/15 at 1:30 PM, in the Administrator's office, revealed she assumed the Administrator's office, revealed	DICEMENTATION to exceed the		Rehabilitation Manager, and	¥. 1	
ensure an appropri was implemented to	ate falls intervention program		MDS Coordinator.		*
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detrimental to their	am er /) in an envisenment		directs morning meetings and		
- 111	2		Clinical Meetings addressing a		
s De Till Gluds hildjøde	₩ ;		incident reports, physician's		A COL
Interview with the A	dministrator on 1/15/15 at		orders, 24 hour report, review	8 8	
1-50 1 181, 410 11160 MC107	HINGSCORPE WHERE WALLEST		incidents for appropriate and	į	
in August 2015, rece	uninistrator role at the facility privered the performance	1	individualized interventions.	4	
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areas of concert. F	Ufflet intersees continued		The clinical meeting includes	<u>∰</u> ¥1 ±0	
performance improv	had been informed of the ement meetings, they were		the Administrator, Director of Nursing, Assistant Director of	į	
HAIR ON MACCINESCION	5 Wither he wire in the frailing	İ	Nursing, MDS Coordinator,	1	
the four meetings	may have attended one of		Social Services Director,	ž.	
CONTROLLED SING WISH	ARKEN From Fordille und		Business Office Manager,	261	
ESTABLISHED NOTES DESIGN	Mentified and addressed	İ	Therapy Director, Activities	13	
IN THE COMPANY OF STREET STREET	not answer the specific led. "It is going to take		Director, Maintenance Director	1	
time"	ico, it is Pourd to take	e e	 Housekeeping Supervisor and 		
Dollar to hit odd a list ma	4.84	- 1	Dietary Manager.	3	
业商(高)_(0) (水-東紫水 ⁶ 1 //-19 ()	1, N-615, N-682, and N-688	Į		15	
1424 1200 (1-6- .04(15) Adir	ninistration	N 424	Attachment #1, 30	į	
(15)Each nursing hor	The shall edonic	***	1/20/2016 & 1/29/2016-	pt 95	
policies for the protec	dion of residents from	f	Administrator held QA	100	
accident and injury.		1	Committee Meeting where the	78	
of Health Care Facilities	The same of the sa		ecmig where the	4	

STATEM AND PL	ENT OF CORRECTION	(XI) PROVICE BELLEVILLA EDENTIFICATION NUMBER TN6101	A BUILDING	LE CONSTRUCTION 3:	(X3) DATE SURNEY COMPLEYED
KAME C	F PROVIDER OR SUPPLIER		1 7	The second secon	01/16/2016
26	ŒWOOD NURSING C	ENTER INC. 332 RIVE	DORESS; CITY, ER ROAD R, TM 37321	STATE, ZIP CODE /	
(X4) ID PREFX TAG	TENCH DEPREIEN	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSG IDENTIFYING IMPORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION OF CORRECTION OF CORRECTIVE ACTION SHOW, CROSS-REFERENCED TO THE APPROVIDERCY)	ON (NO) O BE COLFLET PRATE DATE
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	care and freatents physician, to invest revision of care platent and individualized and to prevent and ensure an appropriate facility's failure place #26, #34, #40, #76 detrimental to their. The findings including free with the Admin August 2015, recomprovement meeting areas of concern. If the Medical Director performance improved the detrimental interview with the Admin August 2015, recomprovement meeting areas of concern. If the Medical Director performance improved the detrimental improvement meeting areas of concern. If the Medical Director performance improvement meeting the Medical Director performance	dministrator on 1/15/15 at ninistrator's office, revealed dministrator role at the facility envened the performance ngs, and began to identify further interview confirmed that been informed of the rement meetings, they were a when he was in the facility.		survey tags were reviewed interventions discussed and plans of action formulated. Ftag 157/N615: Incident Reports, Medication Record and Treatment Records in conjunction with the Q-Shi Check Sheets completed by Nursing Assistants, and the report that is completed by Treatment Nurses are review Morning meeting by the Di Nursing that is responsible compliance in these areas. Ftag 224/N601: the Assistant of Nursing is responsible for Medication Records, Treatment Records and Q-Shift Skin C	ds, ft Skin Certified weekly the wed in rector of for nt Director r review of nent heck
	and she thought he the four meetings continued and, who problems were being the Administrator did question but respontime"	"may have attended one of not sure" Interview in asked how facility-wide g identified and addressed, I not answer the specific ded, "It is going to take	The second secon	Sheets to insure compliance treatments as ordered per M Director during Monday — F Clinical Meetings. ATTACHMENT #4, #10, #	with edical riday #11, #12
N 424	1200-8-604(15) Ad	01, N-615, N-682, and N-688	N 42a	Ftag 225/ N615: Incident repreviewed by the Director of Nursing to determine any inj	1
14 .[(15)Each nursing he	me shall adopt safety ction of residents from	- 1 75 78	s accommod any mj	ш.у ,

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	family of changes in care and treatement physician, to invest revision of care plated and individualized in and to prevent and ensure an appropriate implemented to having multiple falls facility's failure place #26, #34, #40, #76, detrimental to their. The findings include interview with the Administrator improvement meeting areas of concern. Fithe Medical Director performance improvement meeting and she thought he the four meetings and she thought he the four meetings. It continued and, when problems were being the Administrator did question but responding"	in condition, to provide wound into as ordered by the ligate injuries, to encure inside were done with appropriate interventions to prevent falls freet pressure ulcers, and to see falls intervention program o prevent residents from and injuries with falls. The ed seven residents (#23, #24, and #77) in an environment health, safety, and welfare.	N 401	of unknown origin and for required. Ftag 280/ N682: Care plant revised in the morning met MDS Coordinator as indice Ftag314/ N615: Director of and Assistant Director of reviews Medication Reconstruction Treatment Records, and Quantified Nursing Assistant weekly wound report that by the Treatment Nurse to treatments are completed patterns are	ns are seting by the cated. of Nursing Nursing ds, -Shift Skin by the ats and is completed verify that ber order. ,#11,#12 ctor of ily in the appropriate tor of lent report ensure lowed,	্ব ক d জ
	1200-8-6-,04(15) Ad	1	N 424	interventions are in place, are updated as indicated.	care plans	2.5
50	(16)Each nursing he policies for the protein accident and injury.	me shall adopt eafety ction of residents from		Sep ⁴⁰		

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ME OF PROVIDER OR	SUPPLER			STATE, ZIP COOK		
SOOKEWOOD NUI	t and a second second second	DECATU	R ROAD R, TN 37322	5		
PEFR (LACHI TAG REGIALA	JEFICIENCY MUST TORY OR LSC IDE	nt of Deficiencies be preceded by Full nutrypig information)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION OF CORRECTION ACTION EHOUS. CROSS-REFERENCED TO THE APPROVIDENCY)	b ag	COMPLET COMPLET CATE
401 Continued From page 1 family of changes in condition, to provide wound		N 401	Attachment #2			
care and in	eatements as	ordered by the		Medical Director has review	red .	OH025
revision of	care plans we	injuries, to ensure re done with appropriate	1	the charts of residents #23,	#24,	
and Individ	ualized interve	entions to prevent talks		#26,#34,#40,#76,and #77 by	/	1(#5)
ensure en	al elengongge	pressure uloars, and to as intervention program		1/27/2016.		ALC HARMAN
was impier having mul	nented to prev tiole falls and	rent residents from Injuries with falls. The		Medical Director has approv	ed l	
lacility of fai	having multiple falls and injuries with falls. The facility's failure placed seven residents (#23, #24, #26, #34, #40, #76, and #77) in an envioyment		treatments and plan of care			
detrimenta	to their health	777) in an enviornment I, salety, and welfale.		residents #23, #24, #26, #34		
1900	(6)	and and amount to be and to a rather of the second and the second		#40, #76, and #77 on	. : {	(gg
The finding	# S			1/27/2016.	1	
1:30 PM, in she assum in August 2 laproveme areas of co the Medical performance held on We and she the four me continued a problems with Adminis question but time"	The Administred the Administred the Administred to the Administration to the Administration to the Administration to the Administration to the Administration to the Administration to t	stator on 1/15/15 at alor's office, revealed attrator role at the facility ed the performance and began to identify rinterview confirmed been informed of the attractings, they were in he was in the facility, have attended one of re" Interviewed from facility-wide attracting and addressed, answer the specific II is going to take.		Attachment #3 2. Medical Director has revapproved all new monitorin logs and procedures for resi#24, #26, #34, #40, #76, and 1/27/2016. All approved monitoring to and procedures will be compall residents as identified pe Attachments: #4- Q Shift Skin Check Sheets	g tools, dents #2 d #77 or ols, logs pleted o r need.	23, 1
		1				
1424 1200-8-6- ₋ 0			N 424	#6- Alarm Check Log Procedu	ire i	
(15)Each nu	irsing home si	nall adopt safety of residents from	į.	#7- Resident Intervention Log	. (%)	

Division of Health Care Facilities **FORMAPPROVED** STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDERISUPPLIERICALIA (X2) MULTIFLE GONSTRUCTION DATE SURVEY EDETATIFICATEON NUMBER A BUILDING: COMPLETED **北崎**紀 10年 01/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CHY, STATE, ZIP CODE. 332 RIVER ROAD BROOKEWOOD NURSING CENTER, INC. DECATUR, TN 37322 SUMMARY STATEMENT OF DEFICIENCIES PACEN PROMOTER'S PLAN OF CONTECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE ORCES REFERENCED TO THE APPROPRIATE PREFIX TAG REGLEATORY OR LSC IDENTIFYING INFORMATION) TAG OME DEFICIENCY) N 401: Continued From page 1 N 401 #8- Weekly QA Report family of changes in condition, to provide wound care and treatements as ordered by the #9- Quarterly QA&A Report physician, to investigate injuries, to ensure revision of care plans were done with appropriate and individualized interventions to prevent talls #10- Pressure Ulcer Weekly and to prevent and treat pressure utcers, and to Skin Assessment Monitoring ensure en appropriate falls intervention program was implemented to prevent residents from Sheet having multiple falls and injuries with falls. The facility's fallure placed seven residents (#23, #24, #11- Pressure Ulcers TAR #26, #34, #40, #76, and #77) in an enviorement defrimental to their health, safety, and welfare. **Monitor for Treatments** Completed Daily as Ordered The findings included: #12- Pressure Ulcers - Daily Interview with the Administrator on 1/15/15 at 1:30 PM, in the Administrator's office, revealed Skin Checks Completed she assumed the Administrator role at the facility Monitor Log in August 2015, reconvened the performance Improvement meetings, and began to identify areas of concern. Further interview confirmed Medical Director attended the the Medical Director had been informed of the QA Committee meeting on performance improvement meetings, they were held on Wednesdays when he was in the facility, 1/20/2016 where the survey and she thought he 'may have attended one of tags were reviewed. the four meetings...not sure..." Interview interventions discussed, and continued and, when asked how facility-wide problems were being identified and addressed, plans of action formulated to the Administrator did not answer the specific address the cited deficiencies. question but responded, "It is going to take time..." Attachment #13, 30 Refer to N-424, N-601, N-615, N-682, and N-688 3. 01/14/2016-1/26/2016 IN-SERVICES of ALL NURSES were: N 424 1200-8-6-.04(15) Administration N 424 Falls/ Fall Prevention, Post Falls (15) Each nursing home shall adopt safety Skill Checks, Comprehensive policies for the protection of residents from Care Plans, Documentation, accident and injury

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AND PLA	STEMENT OF CEFFCIENCIES OF CHIAN OF CORRECTION	(X1) PROVIDENSUPPLIENCLIA EDENTIFICATION NUMBER	(X2) MULTIPL A BUILDING	£ GONSTRUCTION	(XX) EATE	SURVEY
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	family of changes	amily of changes in condition, to provide wound are and treatements as ordered by the		Abuse/Incidents of unknown	. #	i i
	care and treateme	tits as ordered by the		origin, Change in Resident	3	ř
	physician, to investigate injuries, to ensure revision of care plans were done with appropriat and individualized interventions to prevent fails and to prevent and treat pressure ulcars, and to			Condition, Infection Control	. 1	
				and Neurochecks. In service	- //4	40
				began on 1/14/2016 and we	12 17	
8	was implemented	erisure an appropriate falls intervention program was implemented to prevent residents from		conducted by the Director of	of	
	having multiple fall	s and injuries with falls. The	1 1	Nursing, Assistant Director of	f	
	lacility's failure plai	Ced seven residents (#23 #24		Nursing, and the Administra	tor.	
	detrimental to their	i, and #77) in an environment health, safety, and welfare.		Attachments #16, 17, 18, #2	3,	
				#24, ##26, #18		
	The findings includ	led:	and the state of			*****
	Interview with the	Idministrator on 1/15/15 at		A QA Committee meeting wa	as	
	she assumed the A	ministrator's office, revealed Idministrator role at the facility		conducted on 1/20/2016 wit	(1)	
	in August 2015; rec	poneroning off penerone		all members including the	1,	
Į.	areas of concern	ings, and began to identify Further interview confirmed		Medical Director and Corpor	ate	
9	the Medical Directo	W had been informed of the		Administration where the	1	
9	bettormance impro	vement meetings, they were		survey tags were reviewed,	3	
ř	and the thought he	ys when he was in the facility. "May have attended one of		interventions discussed, and		
	me four meetings	not sure" Interview		plans of treatment formulate		
	continued and, whe	en asked how facility-wide by Identified and addressed,		Responsibilities for the speci	10	
4	the Administrator di	d not answer the specific		tags on the AOC were	TIC 13	
	question but respon	ided, "It is going to take		delegated to designated		
	time"	The state of the s	1	•		
	Refer to N-424, N-6	101. N-015, N-682, and N-688	1	individuals i.e. ADON followi up on TARS, MARS and labs:	ng	
84 X'93	ARREST NO. 10. SECTION 1.	No. Williams and			7 (5)	
7.X 4454	1200-8-604(15) A	ausius altesticu	N 424	Delegation of Administrator		
:	policies for the prote	ome shall adopt safety action of residents from		and DON to lead mandatory services on notification,	in- 8 1 8 5 8	
1.	accident and injury.		1			

AND PLA	N OF CORRECTION	(X1) PROVIDERGUETE IERICE IA POENTIFICATEM NUMBER:	A. BUILDING	LE CONSTRUCTION		SXIPMEY PLETED
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MANUE OF	PROVIDER OR SUPPLIER	STREET AS	outess, eark.	STATE, ZIP ODGE	1 011	15/2016
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(X4) ID PRESEX TAG	(EACH DEFICIENC	Atement of deficiencies Y Must be preceded by full SC Identifying Information)	PREFIX YAG	PROVIDERS PLANOF CORRECTIVE (EACH CORRECTIVE AGTION SHOUL GROSS-REFERENCED TO THE APPROV DEFICIENCY)	a be	COMPLETE
N 401	Continued From pa	age 1	N 401	A.		
	family of changes i	n condition, to provide wound		incident reports, preventio	n	14 15
	care and treatemen	nts as ordered by the ligate injuries, to ensure	6	and treatment of pressure	:	-
	revision of care pla	ns were done with appropriate		ulcers and fall protocol on	:	法 次
	and individualized i	nterventions to prevent falls		1/22/2016.	•	
100	ensure an appropri- was implemented to having multiple falls facility's failure place #26, #34, #40, #76, detrimental to their The findings include Interview with the A 1:30 PM, in the Ade she assumed the A im August 2015; rec- improvement meeti- areas of concern. If the Medical Director performance improved the Medical Director performance improved the four meetings and she thought he the four meetings communed and, when problems were being the Administrator dir	treat pressure vicers, and to ste falls intervention program o prevent residents from and injuries with falls. The said seven residents (#23, #24, and #77) in an environment health, safety, and welfare. I definished on this to at ministrator on this to at a facility convened the performance of the facility convened the performance of the venent meetings, they were a when he was in the facility. "may have attended one of not sure" Interview nesked how facility-wide gidentified and addressed, in of answer the specific ded, "It is going to take		Staff In-service training of Pressure Ulcers, Pressure Ulcers, Pressure Ulcer Prevention, complet of Treatments as ordered, review of facility Policies winitiated on 1/14/2016 by Director of Nursing and with completed for all staff on 1/26/2016. In-service training on Suspended Deep Tissue injury wounds provided by contracted Cent Wound Care Specialist on 1/25/12016 for licensed nurse.	tion and vas the as ected was tified	
	Refer to N-424, N-6	01; N-615, N-682, and N-686		.,		
N 424	1200-8-604(15) Ad	ักกิเมิริโกสิโดก	N 424		M 9	=
	(15)Each nursing ho policies for the prote accident and injury.	me shall adopt safety ction of residents from		Σ >σ	i)	

Division	n of Health Care Fac		-		FORM APPROVE
and fran	nt of deficiencies I of correction	(X1) PROVIDERSUPPLIERICLIA	A BUILDING:	E CONSTRUCTION	CONLIERED (XX) DYLE STILVEA
	to the state was	TN6101	e. WING	·····	01/15/2016
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ВКООКІ	EWOOD NURSING C	ENTER MIC: 332 RIVE		y	
exaj io Prefek Pag	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	Providers Flan of Correct (Each Corrective action show Cross-referenced to the Afric Deficiency)	DEE COMMETE
2	family of changes in care and treatement physician, to invest revision of care plated and individualized and to prevent and ensure an appropriate implemented the having multiple fall facility's fallure place #26, #34, #40, #76	age 1 in condition, to provide wound into as ordered by the tigate injuries, to ensure the were done with appropriate interventions to prevent falls treat pressure ulcers, and to iste falls intervention program to prevent residents from a and injuries with falls. The ced seven residents (#23, #24, i, and #77) in an environment health, safety, and welfare.	N 401	In-services were conducted 2/22/2016 one RN and one CNA new hire. New hires were celve this in-service durity orientation by Director of Nursing/Assistant Director Nursing. Attachment #23	of
	1:30 PM, in the Ada she assumed the A in August 2015; rec Improvement meets areas of concern. It the Medical Directo performance improved the Medical Directo performance improved and she thought he the four meetings	Idministrator on 1/15/15 at ministrator's office, rovealed administrator role at the facility convened the performance ings, and began to identify Further interview confirmed of the rhad been informed of the viewent meetings, they were ys when he was in the facility, is "may have attended one of not sure" Interview in asked how facility-wide to identified and addressed, id not answer the specific inded, "It is going to take		On 1/15/2016, Residents checks were initiated and by CNAs. Q-Shift Skin are given to the charge mimmediately if any change condition has occurred. Nurse follows up on any reported with assessment resident, notification to Mitreatment as needed, and documentation. The Ass Director of Nursing colles Shift Skin Check sheets monitoring forms to brin meetings Monday — Fridand follow-up as needed change in condition for a	I completed Check sheets urse ge in skin The Charge changes as of the ID for istant sets the Q- with g to clinical ay for review with any II residents.
. 4	1200-8-604(15) Ac (15)Each nursing the policies for the prote accident and injury.	ome shall adopt safety	N 424	ATTACHMENT #4, #1	0, #11, #12

nd epan	a de deficiencies de corriéction	(X1) PHOVIDERGUPPLERICLIA EXENTIFICATION NUMBER	A BUILDING:	NOITSUNTENOS 2		STEACH
		TN6101	គ. WING		040	15/2016
MAR OF I	ROVIDER OR SUPPLIER	etrecta	DOMESS, CETY, S	TÄTÉ. ZIF COCE	<u> </u>	12/24/10
ROOKE	WOOD NURSING C	ENTER, INC 233 RIVI DECATU	ER ROAD IR, TN 37322	<i>y</i>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	FREFIX TAG	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOW CROSS HEFERENCED TO THE APPRO DETRIENCY)	LDBE	COLOUE COLOUE (XII)
N 401	Continued From p	_	N 401	All physician orders are br	ought	
	family of changes in condition, to provide wound care and treatements as ordered by the		to clinical meeting by the	}		
	official to inves	tidate jufnuez' to euzme ura as ciceleo cà me		Director of Nursing Monda	aγ-	
	revision of care pla	ins were done with appropriate		Friday for review and to e	nsure	
	and Individualized	interventions to prevent falls		all treatment orders received	ved	\$ 50
29	and to prevent and	freat pressure ulcers, and to late falls intervention program	1	have been placed on the 1	TAR by	8) *
	was implemented	o prevent residents from		the nurse taking the order	r	s S
	having multiple fall	s and injuries with falls. The	1 1			1
	facility's failure place	ed seven residents (#23, #24,		The clinical team will chec	K the	,
	#20, #34, #40, #70 defrimental to their	, and #77) in an enviornment health, solety, and welfare,		TAR daily against the	laa la	ž:
	mort myorshop to siton	modul, sorety, and wendle,		physician's orders. Any ho	23	
	The findings includ	ed;		TARS will be investigated a determine if treatment was	132	e-igan gi
	totaniam with the A	idministrator on 1/15/15 at			(10)	201
	1:30 PM. In the Ask	ministrator's office, revealed		missed. Any nurse who is to have treatments that a		ì
	she assumed the A	dministrator role at the facility		done will have corrective		0
	in August 2015; rec	convened the performance		taken by the Assistant Dir		10.0 M 10.0
	mbrosement weer	ings, and began to identify Further interview confirmed		1.00mmmmmmmm		
Σ,	the Medical Directo	r had been informed of the		of Nursing/Director of Nur Administrator.	'sing/	61
3	performance impro	vement meetings, they were	1	Administrator.		9
	held on Wednesda	ys when he was in the facility.	1		98	Υ/
	die four meetings.	"may have attended one of not sure" Interview	1	All Resident Care Plans are	. 1	
- 1	continued and, whe	n asked how facility-wide]		12	
4	problems were bein	or identified and addressed.		brought to the morning Cli		
	ino Administrator di question but concor	d not answer the specific ided, "It is going to take		Meeting, Monday-Friday a		
3	ime"."	ideo' it is flouid to texts	1	updated as indicated by re		
19				of Physician Orders, Incide		
1	Refer to N-424, N-6	001, N-616, N-682, and N-668		Reports, and 24 Hour Nurs	ing	
M #9# 4	COMB O C MANAGE	#		Reports; this review and	7.0	
ችማ ፈጣ 7	1200-8-604(15) A	ກມາເ <i>ຫລັງໂລ</i> ່ໄດ້ນ	N 424	updating process began or	1	
. (15)Each nursing h	ome shall adopt safety action of residents from		1/31/2016 and will continu		

	n of Health Care Fa		la		FORM APPROVE
	NO FOORKECTION	(X1) PROVIDERGUPPLIERICE IA EDENTHICATICA MUMBER:	(XZ) MULTIPL A BUILDING:	S CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		THEIST	ซิ. ณเห <i>ต</i> ิ	A Mile Philosophy Page Proper 1	01/15/2016
MVYLE DE	PROVIDER OR SUPPLIES	R STREETAL	DREES; CITY, 8	STÄTE, ZIP CODE	1 STATES
	EWOOD NURSING C) 1694 Gr. A. IT. Talpoure.	
E)88655486		DECATURE	R. TN 37322		
(X4) IO PRESIX TAG	CENCH DEFICIENT	TATELERAT OF DEFICIENCIES CY MUST BE PRECEDED BY FLAL LLSG IDENTIFYING INFORMATION)	PREFIX TAG	PROMDER'S MAN OF CORRECT (EACH CORRECTIVE ACTION SHO) CACSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETO
Si sa sa sa sa sa sa sa sa sa sa sa sa sa	family of changes care and treateme physician, to invest revision of care plate and individualized and to prevent and ensure an appropriate making multiple fall facility's fallure plate #26, #34, #40, #76 detrimental to their The findings include the four well the Administrator meetings and she thought he he four meetings and she thought he problems were being the Administrator diquestion but respondinged."	in condition, to provide wound crits as ordered by the sligate injuries, to ensure ans were done with appropriate interventions to prevent tails d treat pressure ulcers, and to riste falls intervention program to prevent residents from its and injuries with falls. The locd seven residents (#23, #24, 6, and #77) in an environment r health, safety, and welfare.	14 401	All fall and pressure ulce will be reviewed at the ti incident and updated dur morning clinical meeting nurse will immediately uplans with appropriate in The DON or if DON not nurse in attendance will to ensure interventions with a process of having two signatures will continue and pressure ulcer care particular and pressure ulcer and pressure ulcer care particular ime of the ing the g. The MDS update the case available the counter sign were added. We nurse with each fall lan until the atisfied that no missed or are ass will begin and monthly (20/2016. It unable to be consulted to the QA at a large in the planning and the planning	
	1200-8-604(15) A	21.50	N 424	correct identified problem facility, the Administrator	ns at the r will notify
- 1	colicies for the protesticies for the protesticies for the protestic and injury.	neme shall adopt safety tection of residents from		the Corporate Office for t assistance with correcting	heir

rera

Divisios	n of Health Care Faci	lities	2.E.	Markovania sociale	, ,,,
STATEME AND PLAN	nt of Déficiencies Not corréction	(X1) PROVIDENSUFFLIERICLIA EDERTIFICATION NUMBER	A BÜRDIĞ	LE CONSTRUCTION	(XX) DATE SURVEY COMPLETED
		TN6101	B. WINKS	**	O.M.F. Pools
NAMEDE	PROVIDER OR SUPPLIER	···	DEVENE DITY	State, zip čode	01/15/2016
	(4)	799 GM2		2 mo 0, 21 m 0.540 m	
DWORW	EWOOD NURSING CE	DECATUI	t, TN 37322		
(X4) IO PRIESEX TAG	EACH DEFICIENCY	Tenent of deficiencies 'Must be preceded by Full Be identifying (Neormation)	PREFX TAG	PROVIDERS PLAN OF CORRECTION OF CORRECTIVE ACTION SHOULD CHOSS-REFERENCED TO THE APPROVIDER CY)	dee commets
N 401	and the second s	180	N 401	the lack of participation. T	'he
	family of changes in	t condition, to provide wound to as ordered by the		Corporate Office will work	\$ ²
	physician, to investi	gate injuries, to ensure		directly with the Medical	d
	revision of care plan	vs were done with appropriate derventions to prevent falls		Director to meet all	Ş.,
/\ X	and to prevent and	treat pressure ulcers, and to		requirements or take mea	sures
3	, ensure an appropria	ate falls intervention program		to find a Medical Director	that
	having multiple falls	prevent residents from and injuries with falls. The		will.	de la companya de la
3	facility's fallure place	ed seven residents (#23, #24.		Mealth, OA Banant to be s	(d)
	#20, #34, #40, #76, detriments) to their I	and #77) in an enviornment health, salety, and wellare.		Weekly QA Report to be se	ent to
		*		Medical Director by Administrator effective	ų.
	The findings include	kd;		1/29/2016 that will include	
		iministrator on 1/15/15 at		tags addressed in the plan	100
	1:30 PM, in the Adm	tinistrator's office, revealed Iministrator role at the facility	Ĕ	correction in addition to a	200
	in August 2015; recx	myeried the performance		other change of care issue	4.0
	laprovement meetic	ngs, and began to identify uither interview confirmed		other change of care issue	₆₈
;	the Medical Director	had been informed of the		Quarterly QA Report upda	ted
		ement meetings, they were s when he was in the facility.		on3/11/2016 addressing e	each
	and she thought he	"may have attended one of		cited deficiency on to be u	ışed
	the four meetings	not sure" Interview I asked how facility-wide		on next scheduled QA Me	eting
	problems were being the Administrator die	rasked now ratally-wide g identified and addressed, I ript answer the specific ded, "It is going to take		Attachment #14, #31	e p
	Refer to N-424, N-6	51, N-615, N-682, and N-688			ø
N 424	1200-8-604(15) Ad	สพัพโรโกลวิเวก	N 424		10
	(15)Each nursing ho policies for the prote accident and injury.	me shall adopt safety ction of residents from			

Division	of Health Care Fac	silities			is Charles	MANKINE D
	A OF DEFAUENCIES POF CORRECTION	(X1) PHOWDERGUPPLIFFICEIA BENTIFICATION NUMBER	A. BUILDING:	MOITSURYEUGS	CONIE CONIE	reled Salvaña
		TN6101	B. WING	No	01/1	5/2016
KAME DF	PROVIDER OR SUPPLIER	STREET AD	DRESS, OTTY, 8	TATE, ZIP COÚS		**************************************
BROOKI	EWOOD NURSING C	ENTER, INC 332 RIVE	R ROAD L TN 37322	5		
(X4) ID PRESTX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSG IOENTIFYING INFORMATION)	PREFIX TAG	PROMOERS PLAN OF CORRECT! (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	拉链	COMPLETE COMPLETE
N 401	Continued From p	The State of the S	N 401	4. QA Committee meeting	s to	P I I I I I I I I I I I I I I I I I I I
		in condition, to provide wound nts as ordered by the		be held weekly effective	31	
		figate injuries, to ensure	1	1/29/2016 for at least 4 we	eks ∫	
*		ans were done with appropriate		then monthly x 3 months t	hen	5
	and to prevent and ensure an appropr	interventions to prevent falls I treat pressure ulcers, and to late falls intervention program		at a minimum quarterly.	1.	
• 0		to prevent residents from is and injuries with fells. The		The QA Committee consist	s of	
	facility's failure pla	ced seven residents (#23, #24,		the Administrator, Directo	r of	
	#26, #34, #40, #76	i, and #77) in an environment	i i	Nursing, Assistant Director	of	1
	detrimental to their	health, safety, and wellare.		Nursing, Social Services,		
	The findings includ	ted:		Activities, MDS Coordinate	r, 🐰	701 1
	60 GU 0000 000 0	240 11		Business Office Manager,	1	
		Administrator on 1/15/15 at		Dietary Manager, Houseke	eping	i .
	1:30 PM, in the Ad	ministrator's office, revealed Administrator role at the facility		Supervisor, Maintenance		
		coursus trie astomance		Director, Therapy Manage	r and :	
	Improvement mee	lings, and began to identify	i l	Medical Director.	1.9/1	
		Further interview confirmed		Company Street will be be	(8)	¥
		or had been informed of the overnent meetings, they were		Corporate Nurse will be in		
		ive when he was in the facility.		facility weekly for four we		*
	and she thought he	a "may have attended one of		and then monthly for 3 m	offins.	8)
		not sure" Interview en asked how facility-wide				
		ng identified and addressed,	l i		7.9.	
		lid not answer the specific				
	question but respo time"	nded, "It is going to take				
	Refer to N-424, N-	601; N-616; N-682, and N-688				
N 424	1200-8-6-,04(15) A		N 424			
	(15)Each nursing I policies for the pro- accident and injury	nome shall adopt safety tection of residents from		et)		

Division of Health Care Facilities STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (K1) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED DENTIFICATION IS MIDER A. BUILDING; _ TN9101 B. WING 01/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, XIP CODE. 332 RIVER ROAD BROOKEWOOD NURSING CENTER, INC. DEGATUR, TN 37322 DAGERY (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROMOTER'S PLAN OF CORRECTION CWTE CWTE (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY ON LSC (DENTIFYSIG INFORMATION) PREFIX LEAGH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DECKHENCE W 401. Continued From page 1 N 401 family of changes in condition, to provide wound care and treatements as ordered by the physician, to investigate injuries, to ensure revision of care plans were done with appropriate and individualized interventions to prevent falls and to prevent and treat pressure ulcers, and to ensure an appropriate falls intervention program. was implemented to prevent residents from having multiple falls and injuries with falls. The facility's failure placed seven residents (#23, #24, #26, #34, #40, #76, and #77) in an environment detrimental to their health, safety, and welfare. The findings included: Interview with the Administrator on 1/15/15 at 1:30 PM, in the Administrator's office, revealed she assumed the Administrator role at the facility in August 2015; reconvened the performance improvement meetings, and began to identify areas of concern. Further interview confirmed the Medical Director had been informed of the performance improvement meetings, they were held on Wednesdays when he was in the facility. and she thought he "may have attended one of the four meetings...not sure..." Interview continued and, when asked how facility-wide problems were being identified and addressed. the Administrator did not answer the specific question but responded. It is going to take ime..." Refer to N-424; N-601, N-615; N-682, and N-688 N 424 1200-8-6-04(16) Administration : N 424 1200-8-6-.04(15) Administration 3-17-14 (15) Each nursing home shall adopt safety 1. Resident # 24 on 1/14/16 a care policles for the protection of residents from acoldent and injury. plan conference was held to

STATELES	TOF HEAlth Care Fai NY OF DEFICIENCIES 106 CORRECTION	(X1) PROVIDERSUPPLERICLA IDENTIFICATION RUMBER:	A. BUILDING:	CONSTRUCTION (X3) DA	NETE LED LE ZORGNER
Midael mer	الماريخ المراجع الماريخ المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع	TN6101	B. WONG		/15/2016
The state of the s	PROVIDER OR SUPPLIED SWOOD NURSING C	ENTER INC. 332 RIVE	Company of the Compan	TARE, ZIP CODE	
(X4) ID PREFIX TAG	SUMMARY ST LEACH DEFICIENT RECURATORY OR	ATEMENT OF DEFICIENCIES BY MIST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION JEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY	COMPUE CARE
N 424	Based on facility ductoview, facility incident/Accident/A	net as evidenced by: olicy review, medical record umentation review, review of cident Reports, review of Root CA) investigations, interview, the facility failed to olive fall prevention program for 26, #23, #40) of 8 residents of 20 residents with multiple failure to implement new tave an effective fall prevention or injuries for all four residents of #24, #23, #26, and #40 in an mental to their health, safety, systematic failure to ensure any falls was provided effective te to ensure alarm devices or functional, and failure to ment new interventions when is were not effective was likely int at risk for falls in an mental to their health; safety,	N 424	review and correct care plan to individualize and meet the need of resident, to reduce frequency of falls, and to prevent injury. Interventions not appropriate or repetitive were removed and interventions more suitable for resident added to prevent reoccurrence of falls and prevent injury if fall occurs. Resident fall risk was reviewed by Director of Nursing on 1/17/16 and continues to be high risk (score "20"). The falls tracking log was updated by the Director of Nursing on 1/17/16.	
	to place any resident at risk for falls in an environment detrimental to their health, safety.		y produced to the second secon	Resident # 24 was discharged from facility on 1/24/16	
				Resident #26: on 1/19/16 a care plan conference was held to review and correct care plan to individualize and meet the need of resident and to reduce frequency of falls and to	To remain the same and same an

Division of Health Ca	e Facilities	wow-arm illustrations		FORM	APPROVE
ITATEMENT OF DEFICIENC MIDTEAN OF CONRECTION	ES. (X1) PROVIDERSUPPLEIRICIA IDENTIFICATION NUMBER	(X2) MULTIP A. BUILDONG	LE CONSTRUCTION	(X3) DANKE	SURVEY
- Annual Control of the Control of t	TNESO	B. Weks	A STATE OF THE STA	047	15/2016
AME OF PROVIDER OR SU ROOKEWOOD NURS	NG CENTER, INC. 332 RM DECAT	ADDRESS CITY. VER ROAD UR, TN 37322	State, Die Code		LOVEUTO
REFIX (EACHDER	ARY STATEMENT OF DEFICIENCIES REMOCY MUST BE PRECEDED BY FULL RY OR ESC EDENTIFYING INFORMATIONS	PREFIX TAG	PROVIDER'S PLAN OF COFRECTI (EACH CORRECTIVE ACTION SHOUL (CADSS REFERENCE) TO THE APPRO DEFENENCY]	ON DEE PRIATE	CONTENT CONTENT
N 424 Continued Fr	om page.3.	N 424			<u> </u>
the fellg. Do	ocument the fall in the resident's		prevent injury. Intervention	ns i	
chart and on	the 24 Hour Report 1. Fill out and		not appropriate or repetitiv	e i	į
incident repo	n with an incident Report. 5. The it and nurse's notes must include the	10	interventions were removed	d	
following info	mation h. Time the family was	1	and interventions more	į	
New tall inter	e time the physician was notified. j. vention implemented to prevent	; }	individualized to resident w	ere	
reoccurrence	of falls 7. The intendisciolinary can	ne	added to prevent reoccurre	nce	ĺ
team will disc	use the resident's fall at the now!	i	of fall and prevent injury. 7	he	1
one new mee	Report, and will determine at least vention for the resident's fall risk	\$ for	falls tracking log was update		
care plan. 8.	The MOS (Minimum Data Sen	į.	by Director of Nursing on	(a)	
case me lan	r Director of Nursing [DON] willa. in the Falls Log with its time, date, b. Complete a falls risk assessmen	1 1	1/17/16.	è	
O WOO DOW IN	leaventions to the residence fell rick		Resident was discharged from	******** **** ***** ******************	
interventions, designee will	Inform the Charge Nurse of the nei .10. The Director of Norsing or maintain and update the Falls Loc	M:	facility on 2/26/2016.	1	
have a separa	tent who talls. A. Each resident will the Falls Log to record the number		Resident # 23: Resident care		
Of 1988 TUG LES	Gent has had, and trank for	1 1	plan was updated by MDS	r "	
archidesm.	riformation on each resident's page lew interventions implemented afte		Coordinator 1/27/16. Care pla	an l	
the falt."	A STATE OF THE STA		was individualized to reflect	y d	
Review of the	facility policy, Falls-Clinical		more appropriate intervention	15	
Protocol unde	ROCK (BYBOLOG " Microstroppe and		and to eliminate repetitive	1	
E SHICHWOOD	The staff and physician will ocument the individual's response:		interventions. Pressure pad	1 3	
to intervention	s intended to reduce falling or the		alarm was added on 1/22/16.	1 1	04
consequences	of falling 4. If the individual		Resident was discharged on		
re-evaluate the	dl, the staff and physician will a situation and consider other his for the resident's falling		2/16/2016.		
(pesides those	that have already been identified):		Resident # 40: Care plan was	· ·	
current interve	luate the communed relevance of numbers"	1	reviewed by MDS and	4, 1	
1 28	review revealed Resident #24 was		treatment nurse on 1/27/16	. [

anty Plak	IT OF OUTCOMENCIES OF COMMECTION	(XI) PROVIDERSINAL PRICEIA DENTIFICATION NUMBER TN6101	(X2) BRILTER A.BUILDING B. WING	£ Construction	(X3) DATE SI COMPLE	TED
	PROVIDER OR SUPPLIES EWOOD NURSING C	STREET AC	exess, cary,	SIVEE, SIE ĐỘCE	01/15/	2016
(XA) ID PREFIX TAB	REGULATORY OR	iatement of ceficences Xy must be preceded by fire LSC identifying mpormation)	PREFEC TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CHOSS REFERENCED TO THE APPROPE DEFICIENCY)	OE !	O(5) CRAFL DATE
	Airway Obstruction Airway Obstruction Disturbances, Dep Mellifus, and Chrone-admitted 7/10/1 Aftercare for Healt and Difficulty Wall Review of facility of Resident #24 had 1/5/16; 32 of which prevent falls. Of the emergency room viraumatic injury. Review of a facility deted 1/31/15, revealed for help o Jwith Plant for help o Jwith Review of the facility on 1/31/15; revealed transfers of the facility on 1/31/15; revealed transfers" Review of the Care Be sure the resident resident per the res	citify 8/20/10, with diagnoses Cirriosis of Liver, Chronic i, Dementis with Behavioral ressive Disorder, Diabetes nic Persistent Hepatills; and 5 with diagnoses including no Traumatic Fracture of Hip, king. ocumentation revealed 16 falls between 1/31/15 and i had no new interventions to le 46 falls, 9 required isits, and 4 resulted in incident/Accident Report lated, "Resident turning to lincident/Accident lincid	N 424	and ali inappropriate interventions removed and more individualized interventions added. Resider fall risk reviewed by Director Nursing on 1/17/16 and resident continues to be high risk for falls. Resident tracki log was updated on 1/17/16 Director of Nursing to reflect falls. Resident # 40 was discharged on 2/22/2016. 2. All Residents have the potential to be affected by the cited deficiency. All resident charts were reviewe on 1/16 by Director of Nursing a Assistant Director of Nursing for risk scores. 3 charts were found have scores that were added incorrect. These scores did not change the level of risk for falls a were corrected. The corporate nurse also reviewed all charts or 1/22/16 and none were found to inaccurate.	ng by t	

Statement of deficiencies and flan of correction	ixii provisersupplericua Dentificationalimeer: Theioi	A BULCHAS	LE CONSTRUCTION	MOD (EX)	SLEWEY PLETED
WORSE PAR CONTINUES AND ADDRESS.	The state of the s	15,446		01/	15/2018
SKOOKEMOOD MITKEING	CENTER INC 332 RIVE	odress, city. PR ROAD P. TN 37322	ELVILE" SIE COME.		,
TAG REGULATORY OF	Tatement of deficiencies Ky Mast be preceded by Flat Clac Identifying information)	PREFIX. TAG	PROVIDER'S PLANT OF COFFICE TH MEACH CONNECTIVE ACTION SHOUL CHOSS MEFERENCED IN THE APPROX DEFICIENCY)	DN. O HE PRUMB	OSTE
N 424 Continued From a	age 5	N 424		-	1.
felt in front of commode. Abrasion noted to left		All care plans of those residen	ts		
Dwer back Addi	ional comments and/or stone		who were at risk for falls were		
for assistance. In	ecurrence: Encourage to call structed to sit and pee"	1	reviewed by the MDS	÷	3
8 - 1000 HOME OF THE RE-		ĺ	Coordinator on 1/28/2016 and	ı İ	:
Alor 15 revealed 7	lity's RCA (undated) for fall Resident was in the BR		found that there were no	fil	
pankomi, tellah	tile using the RR Amino Diani		residents "at risk for falls" that	: 29 <u>6</u>	
instructed to sit or	O Cell for significants		did not have a fall risk.		
120	0130		All charts of the residents at ri	sk	
Review of the Car	e Plan dated 12/26/14 revealed. cnt's call light is in reach and		for falls were reviewed by botl		
encourage to use	I for assistance as ponded *		MDS corporate nurse and	i	
ins intervention b	Mil My affaction date of		Director of Nursing and	1	
* P. C. A. E. M. A. B. A. B. B. B. C. C. L. L. C. C. L. C. C. C. C. C. C. C. C. C. C. C. C. C.	atready in effect. Continued a Care Plan had not been	ľ	inappropriate interventions an	nd i	
tealed to lucings	THE COST, HITCH CONTRACTOR OF M. INC. TOWN		repetitive interventions	(6) Ser	
interventions were	No. 18 St Link		removed. All care plans are	1	
Review of a facility	RCA (undated) for a fall on	ſ	current with individualized	8 4	
fallen on Sunday n	Resident reported that he had glit after questioning a to	1	interventions.		
halde budge to T.I.	Office Plack Action Dans		On 1/22/16 in-service was		
assistance" This	lo use call light and ask for intervention had an effective	1	conducted on log rolling by	1:	
. SANGER TO BE CELEBRATE AND THE ST	MI WAR IN CITEDAY MAINE IN LINE		therapy and continued daily by	,	
Tall. No new interve	augus were imblemented		therapy/Assistant Director of	1	
There was no Incid	ent/Accident Report available]	Nursing and until all nursing	9 }	
for review for the fa	for review for the fall on 2/15/15.		staff had been educated.	3 8	
2/19/15 revealed "	ent/Accident Report dated Resident observed by staff on		Attachment #15		
MALC STATEMENT STATEMENTS	Staff had seen res sitting in is prior. Additional comments	}	Beginning 1/14/16 In-services	: 1	
ations steps taken	O Drevent recultrence The	ľ	of all nurses were conducted by	y .	
can light for assistar)Ce"		Director of Nursing/Assistant		
Review of the RCA	(undated) for the fall on			il.	

AND PLA	NT OF DEFICIENCIES LOE CORRECTION	(XI) PROMIDERSUPPLIERCUA IDENTIFICATION NUMBER: TNS101	E WING	E CONSTRUCTION (X	3) DATE SUPVEY OCMPLETED
BROOK	PROVIDER OR BUPPLIE EWOOD NURSING C	STREET AC STREET AC STREET AC DECATURED DECATU	ORESS, CITY, S	STATE, ZIP CODE	01/15/2016
(X4) ID PREFIX TAG	EMMARY S EACH DEFICIEN REGULATORY OR	rzc ajenije nkrt bilommulom za mirz be breceded ba etit za mirz be breceded ba etit za miral ob orek emere	ID PREFIX TAG	PROVIDENTS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS REFERENCED TO THE APPROPRI DEFICIENCY)	E CCAPA E
and the second s	CNAs foertified no making rounds. S Pt [patient] was on the floor near his it for assistance. Ex N.S. [nurses station of the Campevealed, Tevel jet to N.S. [nurses station of the facility of the facility of the exact review revealed the same location for a changing rooms. Review of a facility dated 3/10/15 revealed, as a facility of the other normal comments and/or encourance. Reinformed for the other normal facility 3/10/15 revealed, and fell forward on bed, Action Plant precautions. Review of the Care the Care Plant had on 3/10/15 to include the Care Plant had on 3/10/15 to include precautions.	"Res. had been observed by use aide] sitting in w/c white laff notified CN [charge nurse] period 10 mins later lying on ped. Action Plam Enc. to call ral (evaluate) for move closer to inj" E. Plan revised 2/19/15 catcate) for room change closer thon]." ity documentation Reports) revealed the resident e betyeen 6/14/15 and date is unknown. Continued a resident remained in the approximately 130 days before incident/Accident Report aid in the aid on to a mat that was on the esident's low bed. Additional iteps taken to prevent use resident on safety RCA (undated) for the fall on Res. reported he got out of wich mat beside roommate's instructed on safety. Plan dated 12/26/14 revealed not been revised after the fall on the period of the fall on the fall on safety.	N-124	Director of Nursing /Administrator on the following: Falls, post falls, comprehensive care plan documentation. These in-services continued until all nursing staff in facility had been in serviced. The last nurse returned from leave on 2/22/16 and received the in service training by the Assistant Director of Nursing prior to taking her assignment. Attachment #16 On 1/26/16 An Alarm Check Log was started by the DON. All nurses and CNAs were in serviced on proper way to complete form and actions to be taken if any malfunction exists. Attachment # 19 An Intervention Log was started by Director of nursing on 1/26/2016 to ensure nurses were able to determine at a	

STATEME	i of Health Care Fe Hi of Deficiencies I of Comitton	(X1) PROVIDENSIAPLE PULLA EDENTIFICATE AN ARREST. TNG 104	(X2) MRICTIPLE A SURCING B. WING	CONSTRUCTION	(XS) DATE S CONFLI	sted.
	PROVIDER OR SUPPLIES EWOOD NURSING C	SIPEET AL	Defess city, s R Road R, TN 37922	Tate, 28-000E	03/15	/2015
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The state of the s	resident was in flo resident sitting in f of chair, level of o confusion Addition taken to prevent to assistance when in his wants to get in Review of the RC/ revealed, "Admissi assistance-res. In out of his chair Ad "Be sure the reside and encourage tire assistance as need and no new interve and no new interve Review of an Incide 3/23/15 revealed," reaching for his un at the head of his b his knee. Additionat taken to prevent re keep urinal within e assistance Review of the RCA revealed, "Res. rep bed and reached do off the bed to his kr advised to keep urin Review of the Care revealed, "Res. to k Review of the incide 4/4/15 revealed, "Re	saled, "Someone yelled or, went to room & [and] found loor. He stated he had slid out onsclousness alert with some onat comments and/or steps scurrence: Turn light on for reeding help o (with something	N 424	glance what interventions we in place to assist in addressing fall risks for Residents. An inservice was conducted by the Director of Nursing and Assistant Director of Nursing of 1/26/2016. This Intervention Log is updated daily in the dair clinical meeting by Interdisciplinary Team. The Interdisciplinary Team. The Interdisciplinary Team consists of the Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Social Services and Therapy Manager. Attachment # 20 Nurse management team was in serviced on MDS, care plantial alarm logs, and fall analysis by The Corporate MDS nurse on 1/29/16. The Nurse management Team is comprised of the Director of Nursing, Assistant Director of Nursing, Assistant Director of Nursing and MDS coordinator. Attachment #21	on ly	

Division	n of Health Care Fa	clities	1250 0	A A 19	FORM	APPROVE
STATEME	NT OF OFFICIENCIES LOF CORRECTION	(XI) PROVIDERSUPPLIERICIA DENTIFICATION NUMBER:	(X2) MULTS A. BUILDING B. WEIS	TE CONSTRUCTION	GOM	SCRVEY LETED
MAMEOF	erovider og supplier			STATE DE CODE	01/	15/2015
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14 424	Continued From p	age 8	M 424			
	fell beokwards into	bed, then hit air conditioner	1000	As of 3/10/16 there were	only 4	
	before hitting floor steps taken to pre-	Additional comments and/or rent recurrence: Resident sent room] for eval and by [treat]*		residents remaining in buil	lding.	
	Review of facility F	ICA dated 7/7/15 (93 days after		3. All residents' charts with fa	alle .	
	the floor in foom.	on 4/4/15, revealed, "Res. on Res. stated he fell into the wall.	1	are reviewed daily by the	1113	
	then into bed, then	hit A/C fair conditioner unit		interdisciplinary team for		İ
	fantiblotic for UTI	floor. Action Plan: ABT urinary tract infection). Res.		minimum of 3 days to ensu	iro	
	enc to get assist to	t iranşlerş,, "		interventions are appropria	ita E	i
	Review of the Care	Plan revised 4/4/15 revealed	C12C1178	for each fall. The intervention	Δh	ļ
	To ER for Evel AE	T for UTI.	- ·	log and care plan interventi	one	
į	Review of a facility	Incident/Accident Report		are also reviewed with the	2113	
i	99100 4/11/15 reve	aisd. "Resident fell into floor		charts to ensure they are	\$1 12	
ĺ	backwards, jost ba	lance found by comments and/or steps taken	- 37	compatible and to determin	eif s	
1	to prevent recurren	ce: Neuro ineurological)		interventions need to be	- "	
į	checks, instructed	o call for assistance"		readdressed. Falls Risk	9	
1	Review of the RCA	dated 777/15 (86 days after		Assessments will be reviewe	d	
	me fall) for fall on 4	/11/2016 revealed "Res. was	(1)	at the clinical meeting by the	_ a	5 1
	1900r. Staff membe	oom, Res. lost balance, feil to r was in the next room, heard		Interdisciplinary Team and		00
ŀ	fall & (and) went to	check on resAction Plan: Instruction"		updated as necessary.		
1	92 (W) 50 W(S)	NOSE 500		During daily clinical meetings		
	" Be sure the resi	dent's call light is in reach and	8	the Director of Nursing along	46	
1	had an effective dat	for assistance as needed" to of 12/26/14, and was in		with the Interdisciplinary Tea	m I	
1	effect prior to the fa	It. No new interventions were:		will discuss root causes of the		
1	implemented.			fall and determine the root	-	
į.	Review of the facilit	y Incident/Accident Report		cause. Steps will be taken to	d s	
10	dated wilding revea	led. Resident come un tha		update care plan intervention	- 10 Mary	
	on mid-arm. Additio	orie nau talien, large skin lear) brai comments and/or steps		at that time to prevent fall fro	m I	
The state of the s	Review of the facilit dated 4/13/15 revea hallway & stated tha	y Incident/Accident Report lled, "Resident came up the at he had fallen; large skin tear mal comments and/or steps		fall and determine the root cause. Steps will be taken to update care plan intervention at that time to prevent fall fro	7. Williams	

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AND PLAN	NOT DEFICIENCIES NOT CONNECTION	CAT) AROUNDERSUPPLEACEM	(XZ) MULTIPI A BUILDING	E CONSTRUCTION	(X3) DAT	E SURVEY
		TN6101	E WING	POSSESSA CALLED TO THE PARTY OF	0.00	15/2016
HARE OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY:	STATE, ZIP COCE	14	10120 1B
BROOK	EWOOD NURSING C	ENTER, INC 332 RIVE	ROAD TM 37322			
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	Review of the RCA the fall) for the fall for the fall wheeled up hallwar fallen in his room, reported to DON 4 through his shoes, instruction. " This intervention has lacking the fall of the rewished after the fall for the fall for the fall for the fall for the fall forward and fall for the fall forward and fall for the fall forward and fall for the fall forward and fall for the fall forward and fall for the fall forward and fa	currence: Stay out from under supply of finit and candies" dated 7/7/15 (84 days after on 4/13/15, revealed, "Res. y in w/c and stated he had S.T. [skin tear] to R arm. Res. 14/15 he tripped white going Action Plant. Res. 14/15 he tripped white going Action Plant. Res. Incident/Accident Report Med " Res [Resident #24] own hallway. Holding reg to it eye. Additional comments to prevent recurrence: Use transfers. Keep area free of dated 7/7/2015 (75 days after /22/15 revealed. "Res came with a reg to forehead s. reported he got up out of dilt head on chest of m. Res. Instruction keep area."	N 424	happening again or reduce chance of injury on each fall. The incident report will be reviewed during daily clinical meeting headed by the Direct of Nursing with the Interdisciplinary Team input. The team will address the rocause of the fall and determinate probable root cause of the fall. Once Root Cause Analysis has been determined the Interdisciplinary Team will sign the Root Cause Analysis form and will be maintained in Resident fall log by Director Conursing. Alarm check log will continue be checked q 2hours by CNAs on all residents with Alarms (there are currently (0) at this time. The Alarm check log is signed	ototis	
	me of 12/20/14. No implemented after th Review of a facility R liter the fall) for the I Rea, observed sittin	of the fall with an effective or new interventions were efall on 4/22/15. CA dated 7/7/15 (67 days fall dated 4/30/15 revealed, g on the floor in front of w.c. ying to get into w.c. and		the CNA at the end of their sh and given to the charge nurse at the end of the day when completed. These logs will be turned in to the Director of		

Division of Health Care Fa	cilities			FORM	APPROVED
STATEMENT OF DEPICIENCIES AND PLANOP CONNECTION	(XX) PROVINCENDE PROVINCEN RESEAU PROVINCENTAL (XX)	A. BUILDANG	E CONSTRUCTION	(X3) DATE COM	SURVEY ALTEO
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BROOKEWOOD NURSING C	ENTER INT. 332 RIVE		STATE, AIP COIDE	71 boospendamining	***************************************
(X4) IÓ SUMMARYSI PREFIX (EACH DEFICIENT TAG REGULATORY OR	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY PLAT.	PREFIX TAG	Provider's flanch correct (Each corrective action shou cross referenced to the appro deficiency)	The states	COMPLETS DATE
There was no Incide 4/30/15 available to Review of a facility dated 5/14/15 reversion floor between the transferring himsel Abrasion noted on needed. Additional to prevent recurrent but reminded him to transferring from but reminded him to transferring from but reminded him to transferring from but reminded to call for and missed wheeld Poor safety awaren reminded to call for an effective date of prior to the fall. No implemented after to the fall, No implemented after the Review of a facility dated 5/20/15 reversions of the B/R [bath [complained of] lower comments and/or streamments. Encourance: Encourance fall for the fall for the fall of the RCA the fall) for the fall of took self to bathroom bathroom. Poor safety	Instructed to use call light" Itent/Accident Report dated or review. Incident/Accident Report aled, "Resident found sitting is bed & wicHe was f and missed the wic. lower back. No first-aid roomments and/or steps taken ce. Resident is non-compliant o cell for assistance when ad to wic dated 7/7/15 (53 days after lated 5/14/15 revested, assisted transfer. Found om. Stated transfer. Found om. Stated fransfering self hair. Resident non-compliant, ess Action Plan: Resident had 12/26/14, and was in effect psw interventions were	N 424	Nursing during normal duty days and on 1st day of regular scheduled work day. The Director of Nursing will review for accurateness of log and investigate any discrepancies. The intervention log started of 1/26/16 is being continued to be checked by all nurses on a residents with falls q shift. The resident intervention log is signed off at the end of their shift and given to Director of Nursing by charge nurse in an for review for possible change to interventions during morn clinical meeting. On each fall the incident report will be reviewed during daily clinical meeting headed by the Director of Nursing with the Interdisciplinary Team input. Attachment# 19 Incident reports for fall will be reviewed, for accuracy and completion as per Fall Policy	on On On On On On On On On On On On On On	

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ann m an	or connection It of deficences	(XI) PROVIDER SUPPLIER CLIA IDENTIFICATION NUMBER:	A BULDING	E CONSTRUCTION (X3)	DATE SURVEY COMPLETED:
7, 10	· · · · · · · · · · · · · · · · · · ·	1019NT	in wind		01/15/2016
BROOK!	Promider or Supplie Swood Nursing o Swampy s	ENTER, INC 332 RIVE DECATUR		PROVIDER'S PLAN OF CORRECTION	
PREFIX.	。他成的科的使用企图制	CY MUST BE PRECEDED BY FULL	PREFIX	REACH CORPECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICERCY;	CCAPLET CATE
The second secon	Review of the ind #24 revealed no cocurring during to be cocurring during to help in the programmate of the	vidualized Fall Log for Resident locumentation for the falls me month of May 2015. y Incident/Accident Report select, "Resident in bed-1 also placed on call light. Stated I not see but heard resident Sp. Resident #24 was found to propped on Lt elbow with 1" Lt brow also c/o Lt hip hurting lurting stating Lt was yas placed on sheet with four wing from floor onto bed ody to move in unity pt. [patient] rail hips. Pressure bandage to a comments and/or steps taken has. Resident reminded to or help from staff and also like off body alarm when staff e" Continued review #24 was taken to the ER for alment of injuries. Jew of the Physician actionic charling from the esident presented to ER with injury complains of pain all ps, elbows, and a lag his left eye. Reportedly he fall last eletal/extremity blist [bilateral - rasions and tendemess Skin, and confusions Lacerelion: cm Icentimeter, 1.2 inch]	N-428	cause of the fall and determine a probable root cause of the fall. The team will recommend any changes needed to address the appropriate interventions for reduction of reoccurring falls and eliminate injury if falls reoccur. In addition to the incident report, The 24 hour report along with the physician's orders will be brought to the clinical meeting to ensure falls were addressed by the nurse on shift and interventions were documented. After each fall therapy will perform a fall screen within 24 hours of notification and recommendations will be brought to clinical meeting by therapy and discussed for implementation. The charge nurse on A-Hall is responsible to ensure all monitoring forms, incident report and other data required	

STATEMENT OF DEFICIENT AND PLAN OF CORRECTION	ES (X1) PROME IDENTE	DERVSUPPICIERICALA FICATION MUMBERS	A. BUILDING:	EGONSTRUCTION	COMPLETED (X3) DATE BURNEY
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Review of it the fall) for it the fall) for it awareness, staff for ass being for ass being for ass being for ass being for ass being for ass being for ass being for ass being for ass bed. Further reviet facility address whether it was Continued in Care Plan or resident not. Review of the 6/22/15 reve indicating the score of 10 of the fall of Review of the score of t	e RCA dated 7/7/ e fall on 6/14/15 rensier, Residen bed: Poor safety Action Plant Ren tance. Instructed by Do not remod Care Plan dated fent Reports, and 1/15, revealed the arm in place affe or revealed this was sed the placeme functioning at it flew revealed the 6/14/15, to include turn off alarm. Fell Risk assess led Resident #24 resident was high above represent actility incident/Ac revealed. "3rd st help, she went in light for assistan otwear to keep fr	revealed, it fell transferring in fell transferring	№	is placed in the Director of Nursing box for the next clin meeting. During off hours and weeken regardless of shift any incident resulting in injury, abuse or suspected abuse, or injury of unknown origin will be called to the Director Nursing and/or Administrate for immediate action. Incide that are serious in nature requiring a visit to ER will be immediately called to the M for orders to transport. Nurses are instructed in cast DON/Administrator/MD cannot be reached to initiate 9 call then continue to try to contact above. Incident reput resulting in actual harm be completed and turned in the Director of Nursing durinext scheduled clinical mee All nurses in serviced on the	ical ds of or ents l l orts will oto ng ting.

ientenen Ientenen	MT OF DEFICIENCIES FOR CORRECTION	(X1) PROVIDERSUPPLIESCLIA IDENTIFICATION NUMBER TNG101	A BUMERING B. WING		DATE SURVEY COMPLETED 01/15/2016
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N.424	for assistance. Us prevent slipping" Review of the Cam resident's call light use it for assistance footwear at all time 12/26/14, and were new interventions on 6/22/15. Review of a facility dated 6/27/15 reveition on L. ST [skin tear] on L. to ER [emergency and/or steps taken call light for assist.	se appropriate footwear to: " " " " " " " " " " " " " " " " " "	N 424	procedure and posted at Nurses Station. Attachment# 5,16 All incident reports will be faxed to the Medical Director. Incidents with serious injury wil be called to the Medical Director; Original Incident Reports will continue to be placed in the Medical Directors Notebook for review and signature on his weekly visit to the facility.	
	dated 6/28/15 reve to the ER with "_co frequent fallssent found on floor lying laceration and left will known to me fi Wound repair of 4 laceration to left ter with 3 4.0 Proteins suturesDispositio Nursing HomeIm. Elbow Gontusion, / Review of the RCA the fall) for the fall of "Unespisited transfer floor after attempting lodgement Poor si	ealed Resident #24 presented omplaints of Fall Injury pt has at from Nursing Center for fall, g on fett side with orbital elbow pain and skin tear. Pt from prior visit Laceration: om [1.6 in] partial thickness imple and left eye Skin closed [suture meterial] using Simple on #28/15 Discharged to pression: Facial Laceration.		4. QA Committee meetings to be held weekly effective 1/29/2016 for at least 4 weeks then monthly x 3 months then at a minimum quarterly. The QA Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Socia Services, Activities, MDS Coordinator, Business Office Manager, Dietary Manager, Housekeeping Supervisor,	

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (XI) PROVIDERSUPPLIERICUA-EDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE BURNEY AND PLAN OF CORRECTION COMPLETED A. BUILDING: EWIIW . E TN5101 01/15/2016 MAKE OF PROMISER OR SUPPLIER STREET ADDRESS, CATY, STATE, ZIP CODE 332 RIVER ROAD BROOKEWOOD NURSING CENTER, INC. DECATUR, TN 37322 BUMMARY STATEMENT OF DEFICIENCIES WHOEF ICENCY MUST BE PRECEDED BY FULL ici Prestx PROVIDER'S PLAN OF CORRECTION COMPLETE DATE TEACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LIST IDENTIFYING INFORMATIONS TAKE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY N 424 Continued From page 14 N 424 Maintenance Director, Therapy the RCA revealed the facility identified Resident #24 had neer judgment and poor safety Manager and Medical Director. awareness, but did not put any new falls interventions in place for a resident with poor Corporate Nurse will be in facility judgment and poor safety awareness. The facility weekly for four weeks and then continued to utilize an action plan of "use call light for assist" with a resident who had already had 18 monthly for 3 months. falls. Review of a facility incident/Accident Report dated 5/30/15 revealed, "... Resident came out of his room for smoke break told a CNA that he had fallen in his room. No witnesses- no new injuries... Additional comments and/or steps taken to prevent recurrence. Tried to cont. [continue] reinforce staying in w/c & asking for help - resident refuses to comply to this request.... Review of the facility's RCA dated 7/7/15 (6 days after the fall) for the fall on 6/30/15 revealed. "Resident stated fell getting into w/c - not witnessed. Resident going to smoke, blood noted on elbow. Resident states fell when getting into wlo - Poor sefety awareness, fallure to call for assistance. Action Plant Reinforce calling for assistance..." Review of the Care Plan revealed, "... Be sure the resident's call light is in reach and encourage to use it for assistance as needed. Resident to use wheel chair for mobility. Extensive assist of one person for transfer..." These interventions had an effective date of 12/26/14, and were in effect prior to the fall on 6/27/15. The facility revised the Care Plan on 8/30/15 to Include Reinforce. staying in wic and calling for help. Resident refuses." Review of the individualized Fall Log for Resident Division of Health Care Facilities

PRINTED: 01/25/2016 FORM APPROVED

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDERIGUPALIERICLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DENTE CATION NUMBER A BULDING COMPLEYED TNS101 B. WING 01/15/2016 NAME OF PROVIDER OR SUPPLIES STREET ADDRESS, CITY, STATE, 21P CODE BROOKEWOOD NURSING CENTER, INC. 332 RIVER ROAD DECATUR, TH 37322 LEELTX (X4) 4D SUMMARY STATEMENT OF DEFICENCIES PROGRESS OF THE PRECEDED BY FULL.
REGULATORY OR LSC EDENTIFYING INFORMATION PROVIDER'S PLAN OF CORRECTION CCMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG DAT DATE DEFICIENCY N 424 Continued From page 15 N.424 #24 revealed no documentation for the falls occurring during the month of June 2015. Medical record review of the Nurses Note dated 7/5/15, firmed 9:00 PM, revealed, "Found in BR. [bathroom] floor. R [right] L [lower] thigh minimal amount and knee of swelling. Hospide nurse... and I both agreed was minimal damage..." Medical record review of the Nurses Note dated 7/6/15, untimed; revealed, "Resident woke up @ fat] to A.M. C/O pain to R-thigh et fandf to back when moving left leg. L-foot furned inward. Jup! in wic. Propelling self..." Medical record review of the Murses Noted dated 7/6/15, timed 12:00 PM, "... New orders from..., Hospice. Notify Dr [Medical Director]...et order mobile way..." Medical record review of the Nurses Note dated 7/6/15, timed 4:05 PM, revealed, "Mobile imaging called c [with] report of a critical acute R hip fx [fracture]. Dr...notified et order for send to hosp [hospital]. Transfer to hosp @ 5:30/P..." Medical record review of the Consultation dated 7/6/15 revealed, "... nursing home patient... had a fall, injuring his right hip ... x-rays showed a displaced right hip intertrochanterio fracture...Physical Examination: Shows him holding the right lower extremity in a flexed internally rotated position, and it is very painful to move. Plan: He will be admitted and medically cleared and, once cleared, will undergo ORIF [open reduction internal fixation] of his right hip..." Medical record review of the History and Physical for Resident #24 dated 7/7/15, revealed, "...The patient fell at the facility and x-rays revealed a Division of Health Care Facilities

REMAR OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE BROOKEWOOD MURSING CENTER, INC DECATUR, TN 37322 (XX) TO SUMMARY STATEMENT OF DEPICENCES FREDIX GACH DEPICENCY MUST BE PRECEDED BY FULL PREFIX REQULATORY OR LEG IDENTETING INFORMATION. N.424 Continued From page 16 right hip fracture. The patient is very impulsive and will not seek assistance with transferring or moving and has had multiple medical falls in recent several weeks. There is no head injury with this fall Review of the facility incident/Accident Report (1 of 2) dated 7/5/15 revealed " Resident was heard yelling for help, upon staff entering room, resident was found lying in BR on Rt side, mirimal ant Lamount] swelling noted to R [right] I. [lower] thigh and Rt knee (no) abrasion nor busising noted R.C.M. [range of motion] to all extremities [without] difficulty. Additional comments and/or steps taken to prevent recurrence: Pt instructed jas previously been done) to notify staff for assistance when going to BR. Will evaluate the pt [patient] for body and chair alarms" Review of the facility incident/Accident Report (2 of 2) dated 7/5/16 revealed, "Resident found in BR [bathroom] floor [room number] Rt. Knee swollen & brutsed Additional comments and/or steps taken to prevent recurrence: Continue.	***************************************
BROOKEWOOD NURSING CENTER, INC DECATUR, TN 37322 SUMMARY STATEMENT OF DEFICIENCIES PREFIX RECULATORY OF USE DEMITE YING SPOKMATION. N.424 Contlinued From page 16 right hip fracture. The patient is very imputalive and will not seek assistance with transferring or moving and has had multiple medical falls in recent several weeks. There is no head injury with this fall* Review of the facility incident/Accident Report (1 of 2) dated 7/5/15 revealed "Resident was heard yelling for help, upon staff entering room, resident was found lying in BR on Rt side. minimal amt [amount] swelling noted to R [right] I. [lower] thigh and Rt knee[no] abrasion nor bruising notedR.O.M. [range of motion] to all extremities. [without] difficultyAdditional comments and/or steps taken to prevent recurrence: Pt instructed las previously been done) to notify staff for assistance when going to BR. Will evaluate the pt [patient] for body and cheir alarms" Review of the facility incident/Accident Report (2 of 2) dated 7/5/16 revealed, "Resident found in B/R [bathroom] floor [room number] Rt. Knee syvolten & truised	01/15/2016
PREFIX REGULATORY DET SE PRECEDED BY FULL TAG REGULATORY OF LSC DENTIFYING BIFORMATION! N.424 Continued From page 16 tight hip fracture. The patient is very impulsive and will not seek assistance with transferring or moving and has had multiple medical falls in recent several weeks. There is no head injury with finis fall* Review of the facility incident/Accident Report (1 of 2) dated 7/5/15 revealed " Resident was heard yelling for help, upon staff entering room, resident was found lying in BR on Rt side, minimal amit [amount] swelling noted to R [right] L [lower] thigh and Rt knee [no] abrasion nor bruising noted R.O.M. [range of motion] to all extremities [without] difficulty Additional comments and/or steps taken to prevent recurrence: Pt instructed [as previously been done] to notify staff for assistance when going to BR. Will evaluate the pt [patient] for body and cheir alarms" Review of the facility incident/Accident Report (2 of 2) dated 7/5/16 revealed, "Resident found in B/R; [bathroom] floor [room number] Rt. Knee swollen & bruised Additional comments and/or	
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teaching to call for assist before transfers. Encouragement white sore from fall Review of the RCA dated 7/7/15 for the fall on 7/5/15 revealed, "Unassisted transfer: Staff found resident on floor. States he was transferring self to toilet and fell. Poor safety awareness, fallure to call for assist with transferAdditional Information About Eventcomplained of pain; Xray completed. Found to have a R hip fx [fracture]Action Plan: Encourage to call for assistance with toileting/transfers"	
Review of the Incident/Aceldent Report and RCA	

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STATEME	of Health Care Fa	(X1) PROVIDER/SUPPLIE/CLIA	(XZ) MULTIPLE	CONSTRUCTION	1 JANK . W. 174	ESLARVEY
AND FLAN OF CORRECTION IDENTIFICATION TN6101		RECTION DENTIFICATION NUMBER:		& BUILDINGS		
		TN6101	B. WING	- Thirties	61/16/2016	
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erooki	Wood Nursing C	ENTER, INC 332 RIVE DECATU	R ROAD R, TN 37322			
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The state of the s	use of alarms, incl	aled no documentation of the uding the presence or I an alarm at the time of the	The second of th	a		· · · · · · · · · · · · · · · · · · ·
	7/10/15, timed 11:0 returned to the fac	iew of the Nurses Note dated 10 AM, revealed the resident ility via ambulance. Continued tesident to have pressure pad thair [wheelchair]."	The state of the s	×	ot.	
	Review of the Care had been revised o pad alarm bed & w	Plan revealed the Care Plan on 7/10/16 to include "Pressure Vc."				
	dated 7/12/15 reve just picking up pap floor at bedside, sit laughing Additions	al comments and/or steps			140	
	772/15 revealed, "	dated 7/14/16 for the fall on Fall from bed. Resident ound on floor beside bed, sper off floor and fell OOB [out Poor safety awareness. IssistanceAction Plan: One to non-compliance"				The second secon
	ovealed, "One-to-p	Plan revised 7/12/15 ne monitoring d/t [due td] WB [weight bearing] status.*	. The state of the			
i i	onlimed she had r disvention had bee	vector of Nursing [DCM] on I, in the Administrator's office, to knowledge of how this in achieved, or if it was tored the resident, how and				

STATEMENT OF DEFICIENCIES AND PEAN OF CORRECTION	ES (XI) PROVIDER SUPPLIER CLA IDENTIFICATION NUMBER		(XZ) MATIPLE CONSTRUCTION A BURDING:		(X3) DATE BURNEY COMPLETED	
t and the second	TN6101	D. Wing				
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erdokewood Nursing Cs	MTER INC 332 RIVE	RROAD	HAN WE WILL TAPONE			
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EMENTY TRANSPORTERICENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	Prefix Tag	PROVIDERS PLAN OF CO (EACH CORRECTIVE ACTION CROSS-PEFERENCED TO THI DEFICIENCY)	n should be Pappropriate	DASE COMPLE DASE	
N 424 Continued From page	e 18	N.424		**************************************	 	
where it was docum documented. In shir provide any informa monitoring had been Medical record reviee Documentation electrevealed Resident if for "complains of his right his papers off the floor is home and he sat dost then realized the courfett weak to his legs up Disposition: 7/1 impression: Condition Review of the individe #24 revealed no document during the Review of the Incider 8/2/15 revealed " Rebed. Fell on to R hip cuts one on L wrist air comments and/or ste recurrence: Remind Review of the RCA de 8/2/15 revealed, " Un Fell against bed, Poor Plan: R hip xray. Reseasistance"	ented, and if it was even ont, the DON was unable to floor to confirm the one-to-one implemented. It will be Physician fronto charting dated 7/13/15 24 was evaluated in the ER of Fain states he recently had lip-was trying to pick up in his room at the nursing within the floor to do this and id not get back up. States he and could not pick himself 3/15 Discharged to Home. In its Stable" It was a fail Log for Resident amentation for the falls month of July 2015. It Accident Report dated assigned to prevent to call for Assist" It of 8/4/15 for the fall on nessist attempt to get up, it decision making. Action mind resident to call for					
needed" This interv of 12/28/14, and was i	to use it for assistance as entlon had an effective date n effect prior to the fall on entions were implemented	The state of the s				

Division of Health Care Fa- STATEMENT OF DEFICIENCIES	1811 PROVINCESSISSUEDICIO	T make the same	The state of the s	N. 5429.51	MAPPROVE
AND PLAN OF CORRECTION	ION IDENTIFICATION NUMBER		(XZ) MILEPPLE CONSTRUCTION A. EUROING:		re survey Apleted
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lout of bed]"	help, apply shoes when OOB	perimen		×	
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i desaction in the inter	vention had an effective date in effect prior to the fall on			1	
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Division of Health Care Facilities SYATEMENT OF DEFICIENCIES. (XII) PROVIDER/SUPPLIER/CLIA (XZ) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) CATE SURVEY DENTIFICATION NUMBER A. BUILDING: COMPLETED TNEIDE ELIKY) B 01/15/2016 NAME OF PROYIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BROOKEWOOD MURSING CENTER, INC 332 RIVER ROAD DECATUR, TN 37322 SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY ING INFORMATION) PESES IX PREFIX. COMPLETE TAG GROSS-REFERENCED TO THE APPROPRIATE TAG DUSE DEFICIENCY) N 424 Continued From page 20: N 424 Encourage to call for assistance...* Review of the Care Plan updated 7/30/16, "Libe sure the resident's call light is in reach and encourage to use it for assistance as needed..." This intervention had an effective date of 12/26/14, and had not been effective or appropriate for resident #24 who the facility identified as having Dementia, being moncompliant and confused as usual." Review of the Incident/Accident Report dated B/14/15 revealed "... Resident left nurses stellon @ 9:50/P to go to room. Came back to nurses station @ 10:10/P [PM] in w/c, c blood all over L ear, top of R hand & both knees. States he fell & got back [up] by himself...L ear had an earling in it which is no longer there. Skinned Bil. Knees. abrasions. Skin tear to lop of R hand. Level of consciousness: Alen with typical confusion...Additional comments and/or steps taken to prevent recurrence: Resident is non-compliant with req. assistance for transfers..." Review of the RCA dated 8/19/15 for the fall on 8/14/15 revealed, "....Unassisted transfer.
Transferred self, felf, got self up. Slaff noted injuries and asked resident what happened. Dementia. Non-compliance with getting assistance. Action Plan: Spoke with resident regarding safety and potential for injury if does not allow staff to assist. Verbalized understanding..." This intervention had an effective date of 12/26/14, for Resident #24 who had been identified as having dementla, and was non-compliant with asking for assistance. Review of the incident/Accident Report dated 8/20/15 revealed, "... Resident found sitting in floor Division of Health Cara Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROMOER/SUPPLIERCELL	Province of	Congrusore		MAPPROVE
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in room. Gotten up w/G., Additional comprevent recurrence: Review of the RCA of the fall) for the fall of "Self-transfer found. Atarm sounding. De [check] needs more Review of the Care of revised 8/20/15 rever for needs." Further of indication of how offer to check Resident #2 Review of the Incident 8/27/15, thined 10:30 [resident] was against get in room. Found paide. Additional comprevent recurrence: I [decreased] safety auto pressure pad alarm Review of the RCA define fall) for the fall on "Resident yelling. Fundament in Resident yelling. Fundament in Resident transfer"	and put back in imports and/or steps taken to Do more frequent checks" dated 10/6/15 (46 days efter in 8/20/15 revealed, on floor in room by staff, immentia,Action Plan; Staff to frequently" Plan dated 7/30/16, and aled, "More frequently staff was eview revealed there was no en or how frequently staff was eview revealed "Heard resempted to open door & the door. Was finally able to a patient lying on left ments and/or steps taken to Monitor for safety d/t [due to] wareness. Frequent checks of d/t resident turned it off" ited 10/6/15 (38 days after 6/27/15 revealed, ound in room on floor. DementiaTo ER for eval requent checks of alarm placed out of				
4 x2 A x2 Cut 2 (2)	nic charting dated 6/27/15 s of Fall Injury, Pain All lates he hurt his left arm,			Townson, ex-	

Division of Health Care Facilities FORM APPROVED STATEMENT OF DEFICIENCIES IXI) PROVIDER/SUFPLERICLIA (AZ) MULTIPLE CONSTRUCTION AND FLAN OF CORRECTION DENTIFICATION NUMBER: (XX) DATE SURVEY A BUILDING COMPLETED TN6101 EL WING 01/15/2016 NAKE OF PROVIDER OR SUPPLIER. STREET ADORESS, CATY, STATE, ZIP CODE brookewood nursing center, inc 332 RIVER ROLD DECATUR, TN 37322 CG4) ID PERFIX SUMMARY STATISMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDERS PLAN OF CORRECTION COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY.) TAG EWE ₩ 424 Continued From page 22 N 424 Impression: Arm Sprain, Hip, Fractures bilateral, repaired, stable. Condition is Stable...* Review of the Incident/Accident Report dated 8/27/15, timed 7:00 PM, revealed, ... Resident yelled and was found in room in floor, bleeding from both sides of his head...Additional comments and/or steps taken to prevent recurrence: Remind to call for assistance..." Review of the RCA dated 10/6/15 (38 days after the fall) for fall on 8/27/15 revealed, "... Multiple facial lacerations. To ER. Action Plan; Remind resident to call for assistance with needs..." Review of the Care Plan dated 7/36/15 and revised on 8/27/15 revealed, "Check alarm frequently due to resident turning off... Keep alarm out of resident's reach..." Further review revealed the facility continued to reissue the intervention of "Remind resident to call for assistance" when the intervention of "Be sure the resident's call light is in reach and encourage to use it for assistance as needed..." was already on the care plan. This intervention had an effective date of 12/26/14. Medical record review of the ER Physician Documentation electronic charting dated 8/27/15 revealed, "... presents to ER... with complaints of Fall Injury...The patient fell from an upright position while standing...The patient sustained injury to the head, laceration 5 cm of the left side of forehead. Laceration: Wound Repair of 5cm... subcutaneous laceration to forehead... Skin closed with 8 6.0 Prolene using Simple sutures. Dressed with 4 x 4's [bendage]... Disposition: Discharged to Home. Impression: Head Injury, Forehead Laceration. Condition is Stable. Review of the RCA (undated) for a fall on 8/31/15 Division of Health Care Facilities:

STATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION	DEFICIENCIES (X1) PROVIDERSUPPLIER CLIA IDENTIFICATION NUMBER:		(XZ) MULTIPLE CONSTRUCTION A BULDING:		(X9) DATE/SURVEY COMPLETED	
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lying on bathroom if Plan: Encourage re with tolleting" Review of the Care the Care Plan had be include "Encourage tolleting," This intervesident #24 who had noncompliant we resulting with falls with resulting with falls with falls with the fall of the factories of the incide 9/21/15 revealed." Beside bed: States cookie and popcom.	lualized Fall Log for Resident, umentation for the fails month of August 2015, nt/Accident Report dated Resident found sitting in floor I was just gonna eat my Additional comments					
Review of the RCA dathe fall) for the fall do " Resident found on unessisted Demention awareness Action P call staff for assistant intervention had been and was in effect prionew interventions we falls for Resident #24 having dementia, poo "danger of fall." Review of a facility in dated 9/22/15 reveale	floor beside hed Got un				And the same of th	

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iame of provider or supplier EROCKEWOOD NURSING O	ENTER, ING 333 RIVE		TATE, ZIP CODE	MATERIAL Alements Supplement	140,2076
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taken to prevent re that he is to use sh to assist an sched i Review of the RCA the fall) for fall on 9 found sitting on bat both in sink. Action get staff assistance Review of the Care "Extensive assist Staff assistance wit at the time of the fa cognitively capable assistance as evide being instructed to a facility's assessmen poor safety awarene disorganized thinkin Review of the Incide 9/24/16 revealed, " floor next to his bed pt was asked what I was trying to reach a comments and/or st requirence: Pt. hide in place and function Review of the RCA o the fall) for fall on 9/2 found sitting in floor sounding. Stated he something. Demant	currence: Resident instructed currence: Resident instructed ower room & [and] allow CNAs [schedule]" dated 10/6/15 (13 days after 1/22/15 revealed. " Resident broom floor. States taking in Plan: Resident instructed to it for bathing" Plan dated 9/16/15 revealed, of one person for bathing" Plan dated 9/16/15 revealed, of one person for bathing" It he resident was not of remembering to call fer moded by his multiple falls after pall for assistance and the last of dementia, confusion, eas, inattention and graphened, he only stated "I something" Additional eps taken to prevent alarm put hing" lated 10/6/15 (11 days after 24/15 revealed, " Resident beside bed. No alarm was trying to reach ia, poor safety plan: Alarm replaced. Put in the poor safety	N.424			

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Review of the Care Plan reised 8/27// interventions of instructing to use call staff assistance and placing the alarm reach had previously been implement were ineffective and inappropriate for #24 who was identified as having dem safety awareness, refuses to call for a and known to turn off safety alarms. Review of the incident/Accident Report 9/27/15, timed 3:00 AM, revealed "	Resident A sitting on 5 pull-up and ety Tune off 5 call light 6 placed IS revealed light, get 1 out of ed and Resident tentia, poor issistance,			The state of the s	

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pr	event recurrence	mments and/or steps taken to : Talked with resident about legs are not strong enough to				
IFAC CAT	e fall) for fall on 9 essisted at close	daled 10/6/15 (è days after /27/15 revealed, "Up L. States legs 'gave out'Fell Action plan: Use w/c - call				
sta ton por con rec	tes he was trying north when and when silion learned up a ments and/or silion reside	entiAccident Report dated PM, revealed "Resident roughly for to get clothes ready for the stood up came to sitting against BR doorAdditional eps taken to prevent in verbalized understanding in to ask for help and put on				to the last the last makes a common and management of the same
",l Der ligh	(all) for the seco Ip at closet in not mentla Action P	bated 10/8/16 (6 days after nd fall on 9/27/15 revealed om unassisted: an: Instructed to use call assistance. Verbalized				
47.10	sexasied up doc	ualized Fall Log for Resident umentation for the falls month of September 2015.				
floor Cha turn take	The revealed, in front of the to if blarm present to ing it off, Addition to prevent recurring to	nt/Accident Report dated Resident observed sitting in liet in bathroom in his room, but not sounding due to pt hal comments and/or steps mence: Continue to alient to ask for assistance I to turn chair alarm off."	Philippe and the state of the s		Telegraphic Company	

AND PLAN	nt of deficiencies of compection	(X1) PROVIDERSUPPLIENCUA IDENTIFICATION NUMBER: TNG101	(X2) MATIPL A QUADING: B. WING	E CONSTRUCTION	(X3) DAS	esurvey Mpleted
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	10/1/15 revealed," In his bathroom, A offDamentia, Stat Plan: Instructed all alarm on wheelcha inable to reach, E assistance" Review of the Care 6/27/15 revealed," to resident turning of resident's reach ba implemented, aid y	dated 10/8/15 for the fall onFound by staff sitting on floor larm not sounding, turned tes turned atom offAction sim is for safety. Secure in and on bed that resident incourage to call staff for		\$.7 #2	e G	
	10/2/15, timed 12:36 walking by room et on to buttacksAdd steps taken to breve	ent/Accident Report dated O AM, revealed, "CNA saw resident slide out of w/c litional comments and/or ant recurrence: Encourage salstance et not turn off chair				Marie Marie
	he fall) for the fall o valking past room s vicelchair to floor "lan: Ericourage re	dated 10/13/15 (11 days after n 10/2/15 revealed " Staff aw resident slide out of Landed on buttocks Action sident to call for help. Keep I's reach to prevent him from		9	8 1	
t t	.0/2/15, itimed 4:15 vas sitting in chair in o bed Additional o o prevent recurrence	ent/incident Report dated PM revealed, "Resident or room & slid out of w/c. Put omments and/or steps taken of Keep stressing to resident fety and abide by rules"				

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PREFIX REACH!	nwasa statement of tabloen Wellgiench wrst be begeden Wasa statement of tabloen	YEY FULL PRE	FEX (EACH CORR	is plan of correction ecrive action should be enced to the appropriate deficiency	DATE DATE DATE
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10/2/15 for sitting in re wheelebali	the RCA dated 10/13/15 to the second fall revealed, rom in wheelchelt. Sild ou to floor" Action Plan: E	"Rasident t of incourage		8	
Review of 10/2/16 re- assistance reach. Co call for ass these inter No new inter	call for assistance due to the Care Plan dated 7/30/ realed, "Encouraged to call." Put alarm box out of resumseled resident on safety istance" Further review ventions were in effect price in the continued to turn carms.	15, revised Il for ident's . Need to revealed or to the fall.			
10/5/15 red CANA, bed as caregive up, fell to the wheelchair taken to pro- him, and pa	the incident/Accident Represent, " Resident assiste streight just as he wanted or left the room he decided ne floor on his knees, hand Additional comments an event recurrence. Just ke teching him up. Resident routilit transfers."	ed to bed by it. As soon it to get back its on d/or steps ep reminding			manta manar ram na manara manara manara manara manara manara manara manara manara manara manara manara manara m
Review of the R the fall) for the f of bed unassiste his kneesAction	he RCA dated 10/13/15 (the fell on 10/5/15 reveale sisted after CNA left. Fel Action Plan: Remind to c er. Warm replaced -zip-lie ul of resident reach"	id, "Got out I to floor on all for help			The control of the co
the propos zip-tied to not implem 10/5/15. N	he Care Plan dated 9/16/ se "Action Plan" from the I bed/chair out of resident re ented on the care plan for o new interventions were in on 10/6/18.	RCA for each" was the fall on			and the state of t

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AND PLAN	YT OF DEPKIENCIES TOP CORRECTION	(XI) PROVIDERSUPPLIERCE IN BENTIFICATION NUMBER:	(X(2) MULTERA	E CONSTRUCTION	(X3) DAS	E BURVEY
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erocki	PROVIDER OR SUPFLIER EWOOD NURSING C	ENTER; INC DECATU	DDRESS, CHY, S R ROAD R. TN 37322	TATE, ZIP COOS	- Ongoverna Maria	
IXA) 10 PRIEFER TAG	SUMMARY ST (EACH DEPICIENC REGULATORY OR)	ATEMENT OF DEFICIENCIES THE MUST BE PRECEDED BY FIALL SCIDENTIFYING INFORMATIONS	PREFIX TAG	Providers Plandf Rach Corrective Acti Cross-Reperenced to to Deficiency	ON SHOULD BE HE APPROPRIATE	(XS) (XXAPL) CATE
The state of the s	10/7/15 revealed." was sliding off bed. bed railing. Edges approximateAddi taken to prevent re for future possible. Review of the RCA 10/7/15 revealed." as he was sliding of Dementia, No safet Pad side relis to pro for staff assistance Review of the Care revised 10/7/15 revealed." help. Found resider his room lying on fa faceAdditional cor prevent recurrence: hematoma, steri-stri cer cleansed. TAO covered Review of the RCA 10/9/15 revealed." help. Found lying fa Dementia, No safety normation about ev 3 arm/elbow. Hema evaluation & tx [tree	dent/Accident Report datedEntered resident room as he Scraped [down] R back on would not tional comments and/or steps currence: Pad the side rails notidents" dated 10/13/15 for the fall onStaff entered resident room if edge of bed to floor. by awarenessAction Plan: otect skin, Encourage to wait d/t safety" Plan dated 9/16/15, and ealed the Care Plan had hear	N 424			

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Division of Health Care Facilities (X2) NULTIPLE CONSTRLICTION (X3) DATE SURVEY (XI) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF COPRECTION IDENTIFICATION NUMBER: CONSTRUCTO A. GUILDONG: B. WING. TNGTOT 01/15/2016 NAME OF PROVIDER OR SUPPLIER STREET ACCRESS, CITY, STATE, ZIP COOR. 332 RIVER ROAD BROOKEWOOD NURSING CENTER, INC. DECATUR, TN 37322 PROVIDERS PLAN OF CORRECTION JEACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES COMPLETE DATE PREFIX (X4) ID BACH DEFICIENCY MUST BE PRECEDED BY FULL REGULARDRY OR LSC IDENTIFYING INFORMATION) PREFIX: CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY N 424 Continued From page 30 N 424 Medical record review of the Physician's Electronic Charling dated 10/10/15 revealed the resident was admitted to the hospital through the ER on 10/9/16 with complaints of Fall Injury. "...Details of fall...fell from upright position, tripped and fell forward, patient sustained injury to the head, injury to the low back, pain with movement, injury to the chest, specifically the right lateral anterior chest and right lateral posterior chast, pain with movement, tenderness, anterior aspect of right shoulder and posterior aspect of right shoulder, decreased range of motion, painful injury. Associated signs and symptoms: Pertinent positives: Chest pain, headache, notes anterior and posterior nose bleed - controlled at this time...the patient experienced no loss of consciousness...symptoms are unchanged. Noted multiple falls - fractured hip 3 months ago. Pt.is resident of NH [Nursing Home] Notes that felf forward and face planted. Notes significant facial swelling and bruising to K eye, R shoulder pain, low back, R wrist pain (noted old injury but hurting worse), and R rib/chest wall pain...Transfer ordered to, Medical Center. Diagnosis are Humeral Head Fracture, Orbital Rim Fracture, Rib Fracture, Head Injury, Fall. Condition Stable..." Review of the Care Plan dated 9/16/15 and updated on 10/9/15 revealed "To ER for eval & Tx. Admitted.* Continued review revealed no additional entries were made to the Care Plan to address the fall on 10/0/15. Review of the incident/Accident Report dated 10/16/15 revealed, "... Resident did not turn on call light & stood Jupi to 'go to the bathroom' fell in floor/hitting R elbow/forearm on bedrail. When nurse entered room he was going down. Additional comments and/or steps taken

Division of Health Care Facilities

Division of Health Cara Facilities SYATEMENT OF DEFICIENCIES AND PLAN OF COMPRECTION (XI) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER IXII MULTIPLE CONSTRUCTION CX3) DATE SURVEY A. BUKLDING: COMPLETED TNB101 B. WING 01/15/2015 NAME OF PROVIDER OR SUPPLIER STREET ACCRESS, CITY, STATE, 2F, CODE 332 RIVER ROAD BROOKEWOOD NURSING CENTER, INC DECATURE TH 37322 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FAUL (X4) ED PROVIDER'S PLAN OF CORRECTION COMPLETE PREFIX PREFIX EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY N 424 Continued From page 31 N 424 to prevent recurrence. Stressed to resident to furn on call light for help..." Review of the RCA dated 11/3/15 (17 days after the fall) for the fall on 10/16/15 revealed "...Resident got up unassisted. Alarm sounded. Resident fell as staff walking into room...Dementia, Poor safety awareness: Action Plan: Stress to resident importance of calling staff for assistance..." This intervention was in effect prior to the fall on 10/16/15 and was the same intervention which had remained in effect since 12/24/14, and was ineffective and inappropriate for Resident #24 who had dementia and poor safety awareness. No new interventions were implemented. Review of the individualized Fall Log for Resident #24 revealed no documentation for the falls occurring during the month of October 2015. Review of the Incident/Accident Report dated 11/19/15, timed 2:00 PM, revealed, "... Resident attempted to stand of pull fup] his panis fwithout calling with call light for assistance. Lost balance et fell in floor...Additional comments and/or steps taken to prevent recurrence: Relierate to use call light for assistance...' Review of the RCA dated 12/9/15 (19 days after the fall) for the fall on 11/19/15 at 2:00 PM revealed, "... Resident stood up to pull up pants and fell. Did not call for assistance. Dementla, poor safety awareness, refusal to ask for assistance. Action Plan: Encourage/remind to call staff for assistance..." Review of the Incident/Accident Report dated 11/19/16 at 10:00 PM (2nd fall on this date) revealed, "....Fell in bathroom, states 'I missed my

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROMIDERUSUPPLIERICLIA OCH MULTIPLE CONSTRUCTION DIS CATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WALC TN6101 01/15/2016 NAME OF PROVIDER OR SUPPLIER. STREET ADORESS, CITY, STATE, ZIP CODE 332 RIVER ROAD BROOKEWOOD NURSING CENTER, INC DECATUR, TN 37322 SUMMARY STATEMENT OF DEPICE NCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (005) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (BACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX YAG TAG DEFICIENCY) N 424 Continued From page 32 14 424 wic and fell in floor." c/o right arm, leg (hip), lower back pain_transferred to ...ER ... Additional comments and/or steps taken to prevent recurrence: Encourage to call for assistance when transferring from chair [to] chair..." Continued review revealed the report was updated on 11/20/15 to include "There. [therapy] to eval for cushion change." Review of the ROA dated 12/9/15 (19 days after the fall) for the fall on 11/19/15 at 10:00 PM. revealed "... Attempted to transfer self and fall. Dementia, Poor Safety Awareness, Refusal to call for assistance... Action Plan: Therapy to eval/tx d/t chair cushion problem. Formmel cushion to wheelchair for positioning..." Medical record review of the ER Physician Documentation dated 11/19/15 revealed. "...presents to ER...with complaints of Fall Injury ... felt from upright position, while walking .. The patient sustained upper back injury. injury to low back, right elbow and right hip. Disposition: 11/20/15. Discharged to Home. Impression: Elbow Contusion, Hip Contusion, Back Confusion. Condition is Stable..." Review of the Care Plan dated 10/30/15 and revised 11/19/15 revealed "... Therapy to evaluate and change w/c cushion ... pommel cushion in w/c for positioning and to prevent sliding... Review of the Incident/Accident Report dated 11/25/15 revealed, "...Resident had lumed off own alarm. Upon entering room to ok toheck) on him, found in floor with blood from other resident's bed to his. States 'outting pillow on bed and lost balance' ... Additional comments and/or steps taken to prevent recurrence; Reinforced to resident to leave alarm on as we can't tell if he

STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION	(X1) PROVIDER SUPPLETICUA IDENTIFICATION NUMBER	(XX) MEJETIPE	E CONSTRUCTION	(X3) (BA)	E SURVEY
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for assistance with p	Blovis				
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I TIS INTERVENDED WE	in effect prior to the fall and feetive for Resident #24.				
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No new interventions	were implemented.				
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score of 10 or above	represents high risk).	Į.		ļ	
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AND MA	WY OF DEFICIENCIES OF CORRECTION	(XI) PROVIDERSUPPLEFICIA IDENTIFICATION NUMBER:	DESPENDING:	E CONSTRUCTION	(X3) DAY	JE SURVEY JPLETED
		TNG101	B. Wilson	TO THE PARTY OF TH	61	n manasia
i Vivale Qu	PROVIDER OR SUPPLIER	BTREETA	odress, chy, s	TATE, ZIP CODE	1,1	/15/2016
BROOK	ewood Nursing C	ENTER, INC 932 RIVE DECATU	R ROAD R; TN 37322			
PREFEX. TAG	180412113112 (1908)	ATEMENT OF DEFICIENCIES T MUST BE PRECEDED BY PULL LEG IDENTIFYING INFORMATION)	PREFIX TAG	PROMOERS PLAN OF CO JEACH CORRECTIVE ACTION CROSS REFERENCED TO THE DEFICIENCY)	APPROPRIATE	DATE COAPE
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	neard knocking on floor beside toilet. Dementia, poor sal for assistanceAct resident to call staff Review of the Care no new intervention fall on 12/3/15 to pr Review of the Incide 12/13/15 revealed, kneas collapsed, fe arm, below elbow. comments and/or strecumence: Educate when he needs to serview of the RCA 12/13/15 revealed, 'Collapsed and he fel transfer - Dementia.	Plan dated 10/30/15 revealed as were implemented for the event falls. ent/Accident Report dated. "Resident stood up and his il to floor, knocked scala off R [no] other injuriesAdditional teps taken to prevent a resident on asking for help tand" dated 12/16/15 for the fall on "Resident stood up, knees it to the floor - unassisted weaknessAction Plan:				
	Review of the Care I 12/13/15 revealed. "I for help when he nee ntervention was in a not been effective for Dementia. No new in Implemented. Review of the individ- 124 revealed no door	Plan dated 10/30/15, revised Educate resident on asking eds to stand." This flect prior to the fell and had resident #24 who had nierventions were ualized Fall Log for Resident timentation for the falls month of December 2015.				

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION	SXU PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TNG-101	PZI MARTIFIL A BLEEDING: B. WING	E CONSTRUCTION	CON	E SURVEY PLETED
name of provider or suppli Brookewood Hursing	CENTER INC 332 RIVE	DRESS, OTTY, S	TANE, ZIP CODE	1 01/	15/2016
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rom under the bolfAction Plan: In place for safety assistance Review of the Cano new intervention the fall on 1/5/16, had been ineffect falls for Resident S24 self down the hallway grip on the reside Observation on 1/10/16, revealed the hand grip on the violation on 1/12/16 at 8:42 confirmed, " thou it's current location chair" Interview with CN/Iha nurse's station reach it where it is we put it under the on his head trying Interview with the 1/12/16 at 10:03 A revealed "I have be past 8 yearsHe viudgement is very judgement is very	ed he was trying to get his wallet and. States he turned alarm Remind resident to leave alarm in Remind resident to leave alarm in Remind resident to call for the Plan dated 10/30/15 revealed one had been implemented for and the proposed "Action Plan" we previously for preventing #24. Tiffs at 4:50 PM, revealed propositing in his wheel chair an alarm attached to the hand mis chair. 12/16 at 8:35 AM in the front is resident seated in a wheel chair, and alarm attached to the wheel chair, and the Main Nurse Station in the hand grip of the wheel wheel chair, in the hand grip of the wheel wheel chair, in the hand grip of the wheel wheel chair, in the hand grip of the wheel wheel chair; he almost fell out to get to it" Rehabilitation Manager on the working with him for the working with him for the working with him for the walls to get to get alternater. His	W 424			

and Plan	of Correction	(XI) PROVIDERSUPPLERICLA IDENTIFICATION NUMBER:	A. BUKENNE _	CONSTRUCTION	GOW	e Survey
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	fromer or sufflier Ewdod Nursing C	ENTED INC 382 RIVE	doress, city, 51 ir road r, th. 37322	rate. 219 code		
(X4) ID PREFIX TAG	NEACH DEFICIENC	ATEMENT OF DEFICIENCIES 17 MIST BE MAECEDED BY PURI. 19C IDENTIFYING INFORMATION	IO PREFAC TAGE	PROVIDERS PLAN OF (EACH CORRECTIVE ACT CROSS REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	COMPLETE DATE
The second secon	inconsolable, impure consistent with his The rehab manage the moment to call the thought to get up remembers 10 measures: Interview with the limite Administrato #24 had 46 fells octo January 5, 2016 7/5/16, 8/27/16, 10 Resident #24 confirmed the faciliadoress the resident confirmed the faciliadoress the resident ware in unsuccessful in preinterview confirmed interview confirmed of the falls had eith interventions imple fells. Continued interview of the falls had eith interventions imple fells. Continued interventions imple fells.	tate of mind he is almost alsive We couldn't say he is comprehension, flight of mind, or confirmed he would recall at for assistance, but if he had up he would just get 10% or less of recall of safety 10% or less of recall of safety 10% or less of recall of safety 10% or less of recall of safety 10% or less of recall of safety 10% or less of recall of safety 10% or less of recall of safety 10% or less of recall of safety 10% or less of recall of safety 11.15 AM, o's office confirmed Resident 10% of the falls (6/27/15, 10% 15) resulted in harm to attempted to not been 10% of the resident safety had not attempted to not been 10% of the resident's 40 falls, 44 her inappropriate and had been eventing falls. Continued it of the resident's 40 falls, 44 her inappropriate or no new mented for the prevention of larview confirmed elarms had in preventing the resident from the decal Director on 1/13/15 at deninistrator's office, confirmed not fisten to redirection and is 1 doesn't matter what you will do what he wants to 2 to do with medical at interview with the Medical or				

STATEMENT OF DISTRIBUCIES AND PLAN OF CORRECTION	(X1) PROVIDERSUPPLERICLIA IDENTIFICATION MANAGER: TNG101	(X2) MULTIPLE A SUILDWG B, WING	E CONSTRUCTION .	ÇGN	e survey PLETED
NAME OF PROVIDER OR SUPPLEAR BROOKEWOOD NURSING CE	ENTER, INC. 332 RIVE DECATU		FATE: ZP CODE		/15/2016
FURTHER TENTO	TEMENT OF BEFSCHICLES Y MUST BE PRECEDED BY PLAT SCIDENTIFYINS INFORMATION	PREFIX TAQ	FROMDERS PLAN OF CO JEACH COMBECTIVE ACTION CHOSS REFERENCED TO THE DEFICIENCY)	AL SELECTED FOR THE	COMPLE COMPLE
behavior and In 10 the education, radar the education, radar the Care Plan after the C	in would not improve his minutes he has likely forgotten ection, and encouragement." ON on 1/15/15 at 8:43 AM, in office confirmed the DON was had multiple falls. Continued the facility falled to follow occil and had not implemented a prevent the recurrence of had not completed Fall Risk and had not updated Log. Int #24 had 48 falls between hid January 5, 2016. There is new interventions added to the fall, Ineffective and his for example, "Be sure the an reach and encourage to as needed" and not to turn off alarm" If you 29 falls, in lack of individualized onloning to prevent falls, the act Resident #24 from falls, we revealed Resident #24 from falls, we revealed Resident #26 was pital stay in a gero-psych unit moses including Dementia masion, Degenerative Joint Diabetes. W of Resident #26's care pland " The resident is at risk is included " Anticipate and eeds He sure the resident's chiland ancourage the	N 424	TITLE TO STATE OF THE PARTY OF		

STATEMENT OF DEPICIENCIES AND FLAN OF CORRECTION	(X1) PROVIDERSUPPLIERCLIA WENTIFICATION FUMBER:	A. BUILDING	E CONSTRUCTION	(M3) DAY GÓN	È SURVEY PLETED
	THEIDI	er works.		01/15/201	
VME OF PROVIDER OR SUPPLIER BROOKEWOOD NURSING CE	NTER, INC 332 RIVE DECATU		TATE ZIP Obne:		
TAG REGULATORY OR L	TEMEST OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING MITORMATION!	PREFOX TAG	PROVIDERS FS.AN OF (EACH CORRECTIVE ACT) CROSS REFERENCED TO TO DEFICIENCY	ON SHOULD BE HEAPPROPRIATE	COMPLI DATE
Review of a facility 8/28/15 revealed on halfway " Resident she made a noise at to fall. She started be of head) and c/o [con pain " Continued in documented on the recurrence." Review of the RCA in Resident #26 was wasker and fell backs revealed the RCA did when the resident fell statements, and the (Emergency Room) if Medical record review from a local ER, date "resident [in local har head and left hip. ER for evaluation and neck fracture [hip fractive from a local that he head and left hip. ER for evaluation and neck fracture [hip fractive from a local record review 8/31/15 revealed Res Hemlarthroptasty (He procedure that replacivith a prosthetic, while intact) of the left hip of Medical record review dated 9/2/15 revealed.	r Follow facility fell protocol, ant use within resident reaching) evaluates and treats as needed]" ncident/Accident report dated 8/28/15 at 4/45 PM in was walking up halfway and leading from her head (Back applained of) L [left] hip aview revealed no steps report "to prevent or the 8/28/15 fall revealed alking in halfway using a wards. Continued review I not identify factors present I, did not include any witness Action Plan was "To ER, or evaluation and treatment." v of a History and Physical d 8/28/15, revealed skilled facility]fellinjuring She was brought into the I found to have a left femoral dure)" v of an Operative Note dated Ident #26 had a miarthroplasty is a surgical as one half of the hip joint is leaving the other half in 8/31/15.	N-424			To the same and th

STATEME AND PLAN	NT OF DEFICIENCIES	(X1) PROVIDERSUPPLIERSCLIA IDENTIFICATION MUMBER	A. DIM DING:	E CONSTRUCTION		E SLIRVEY IPLETED
	AMPLEAN AND AND AND AND AND AND AND AND AND A	TN6101	is winks	Washington - Office Inc.	n s	15/2016
	Provider or Surplier EWOOD NURSING C	ENTER INC. 332 RIVE	DORESS, CITY, S R ROAD R: TW 17322	TATE IP CODE	WWW.	TOTEUTO
(XA) ID PREFIX TAG	WAGH DEFICIENC	ATEMENT OF DEFICIENCIES Y MAST BE PRECEDED BY FULL LSC IDENTIFYING SUFORMATION)	ED PREFEX SAG	PROVIDERS FLAN OF JEACH CORRECTIVE ACT CROSS-REFERENCED TO TO DEFICIENCE	NOM SHOULD BE	COMPLETE EARLE
t night mental des seminations of the seminations of the semination of the seminatio	dated 9/7/15, revealed as "HIGH RISK." Medical record revible revealed no falls prevention after return to the return to the revealed 10/13/15 at 11:3 revealed "called the Resident found on head: cto R [right] I family notifiedstep first aid applied, sein bed and w/c [whe revealed the nursing pressure pad alarm was added to the cuto bad and wheelich Review of facility returned to the facility returned to the facility returned to the facility revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted Medical record review revealed "[Reside to get up unassisted "[Reside to get up unassisted "]	iew of a Fall Risk Assessment aled a score of 15. Continued score above 10 represented score above 10 represented lew of the care plan dated additional interventions for at the 8/26/15 fall with fracture, a facility on 9/2/15. Incident/Accident Report ealed Resident #26 had a fall to AM. Continued review to activity/therapy room, back with faceration to back of hip/back pain. physician and as taken to prevent recurrence to ER, pressure pad alarm ealchair)" Continued review g staff recommended the room the incident Report and it are plan, "Pressure pad alarm ealch." cords revealed the RCA 10/13/15 fall was not done, see of a daily Skilled Nurse's 5, revealed Resident #26 lty at 4:00 PM. Continued resident had a repair to the 1 steples. Continued review of #26] Attempted X [times] 5	N 434			

AND PLAN OF	F DEFICENCES CORRECTION	DENTIFICATION NUMBER	A. BERDING	E CONSTRUCTION		TE SURVEY	
1).X = 1/4".	W	TNEIDS	E. WING			olesia erie	
MAME OF PROV	MOER OR SUPPLIES	L. STREET AL	Differe fire o	STATE, ZP CODE		115/2016	
	od Nursing C	ENTER, INC 332.RIVE DECATU	R ROAD R. TN 37322				
(X4) ID PREFIX TAG	REGULATORY OR	ATEMENT OF DEPOSENCIES: Y MUST BE PRECEDED BY FULL SC (DENTIFY IN 3 PAFORMATION)	ID FREFAX FAG	PROVIDER'S PLAN OF COR (EACH COFFICITIVE ACTION) CROSS REFERENCED TO THE A DEFICIENCY	EXCUPRE OF PARTIES	COMPLE DAYS	
N 424 Co	ntinued From pa	age 40	N 424	AND THE PROPERTY OF THE PARTY O	· · · · · · · · · · · · · · · · · · ·	(A	
Idebi ata Aspanoli residing performance de Carante Car	by. "resident firm sounding	sol/Accident Report revealed at 29/15 at 11:15 AM in the front cound on fider in front lobby, w/c at to R hand dorsel [top] renphysician and family in to prevent recurrence "Toitet dent to bed for a nap" raled the incident Report was part of the report "Describe ned" was empty and there stemants. Sew of a Nurses Note dated M, revealed an entry ming fall, " Resident slid out fid not hit head. Small cui to R and band aid sen agitated wanting to go to toileted et fand! laid down for its nurse asked CNA to toilet levery 2 hours and as and put to bed for a nap" did intervention was to be done. If Accident Report revealed a 3/15 at 3:30 PM. Continued esident not seen when fall head chair to floor from what wor Nurse's Notes dated revealed. The sident fell out as c'o'l hip pain The nurse to send resident to	6 3			The provided in the control of the c	

MD PLAN	IF OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA. IDENTIFICATION NUMBER		E CONSTRUCTION	DOME	DOLDATE SURVEY	
	the construction of the confidence of the confid	in a second second	A. ÁLILDING:		- COV	ip, eved	
		TNETO	S. WING	WAAAAAA AAAAAA AAAAAAAAAAAAAAAAAAAAAAA	ne	/15/2016	
MIE OF	ANOVIDER OR SUPPLIER	ATRETA	OCRESS, CITY, S	TATE: 222 CODE	a	A THE CLY LOS	
ROOKE	WOOD HURSING C	ENTER INC. 332 RIVI	ERROAD	1.7 L. 2000 team team and Ph.174			
	****	DECET	R, TM 37322	Name and Advantage of the Control of			
rag Prepix Tag	REACH CENTOISING	ATEMENT OF DEPKIENCIES Y MUST BE PRECEDED BY FLAX LSC RIENTIFYING MECKNASTICK!	PREFOX FAG	PROVIDER'S FLAN OF (EACH CORRECTIVE AC) CROSE-REFERENCED TO DEFICIENC	KON SHOULD BE THE APPROPRIATE	COMPL DATE	
N 424	Continued From p	age 41	N: 424	154 75 17			
	ER for evaluation.						
	afternoon fall reve- information on the	viorm for the 11/28/15 Med a retelling of the same incident Report and no s or root cause was Mentified.	S Commence of the Commence of	ê .	60 (20)		
	on 11/28/15 the int that date were Tol napTo ER for ev	iew of the care plan revealed erventions for the two falls on let resident and put down for a all and Tx Encourage to call transfer (a repeat of a on).	41				
of the contract to the contract to	fall occurred on 12 nurses station, "l Took a step and fe hematoma (swellin	ent/Accident report revealed a /25/15 at 6:50 AM at the Resident stood up from w/c. Il on floor on L side resulting in g from bleeding into ses) to L temple. c/o pain to L to ER					
1	and Documentation "slower to respon	ew of a facility Transfer Form dated 12/25/15 revealed dstood up-fell on Laide of of forehead causing nple"					
20	Medical record revi 8/7/15, updated on intervention of ",A	ew of the Care Plan dated 12/25/15, revealed a new arm replaced"	T. Stevenson and S. C.			Towns of the Park	
: : :	note dated 12/25/1: ground-level fall cal nursing home. The and loss of conscip (local hospital) when	ew of a hospital consultation is at 3.46 PM "sustained a fler this morning at her a was obvious head trauma usness. She was taken to ex-rays and scans were transferred to [this hospital]	erilinasionalerioriem, ir manuscus et (in				

NO PLAN	nt of deficiences Of Correction	(X1) PROVIDER/SUPPLIERCUA IDENTIFICATION NUMBER TNG101	E JANG TANE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	Provider or Supplier EMOOD HURSING CI	STREET AND 332 RIVE	DRESS, CITY, S R ROAD R, TN 37322	TATE. ZIP CODE		19620.10
(X4) ED PREFEX TAG	(EACH DEVX IENX)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PACFIX TAG	PROVIDERS PLAN OF C PACH CORRECTIVE ACTI CROSS-REFERENCED TO TO OFFICENCY	ON SHOULD BE . HE APPROPRIATE	COMPLE
N A24	Medical record reviated 12/25/15 revianterior parietal screen. To density outside the October 2015, consist an atypical patter Medical record revious ultation report Resident #26 hed after the fall on 12/1/15. Medical record revious freeze Patients Distribution of the 12/27/15. Medical record revious patter post revealed. Is revealed. Is taltis post revision internal fixation). Medical record revious freeze patter post revision internal fixation. Medical record revision post revision internal fixation.	iew of a CT scan of the head ealed " There is a large alp hematoma. No underlying here are few small foci of high brain that were not present in sistent with hemorrhage. This in of hemorrhage" ew of an Orthopedic deted 12/26/15 revealed a periprosthetic hip fracture 25/15, with a revision of the left y with open reduction and he proximal femur on ew of Transfer icharged to SNF/Rehab dated 1 periprosthetic hip fx sin n/ORIF (open reduction and law of a nursing note dated if revealed " Resident from hosp"				
	stood up from we to floor Hematoma to leg/knea. To ER for hip fix, cerebral blee include any witness pressure alarm was perfinent details. Fu	2/25/15 on 6:50 am; Resident book step then felt to Lupper over and Tx. Admitted for L. d" The investigation did not statements, whether the sounding, or any other other review revealed no it cause or contributing				CONTRACTOR DESCRIPTION OF STREET, STRE

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STATEMENT OF CEPICIENCIES AND PLANTOF CORRECTION	(XI) PROVIDENSUPPLIERCLES IDENTIFICATION ALLONES TMG101	e MING TO SELECTIONS	E CONSTRUCTION	606	E SURVEY PLETED
NAME OF PROVIDER OR SUPPL BROCKEWOOD NURSING	CENTER, INC 332 RIVE DECATU	Derese, Coty s Rroad R. Tn 37322	TATE, ZP CODE	1 01	115/2016
TAG REGULATORY	Statement of deficiencies. NEY must be preceded by full Drusc identifying information)	PREFIX TAG	PROVIDERS PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE HELAPPROPRIETE	OOMSTE. DOD
Observation of Faurse, on 1/13/1 room, revealed to call light was in 1 observation revealed to disservation revealed 11:15 AM] fall I in because another the sat back down to floor. She was saying she wante back to nurse's sher. Asked her if and she respond she needed to go what she needs seremedy the situal and put it in the Dathe description of blank, I thought to bed like it said will got herself righterster with the Administrator' #26's first fall on 8 "The fall interver After the fall interver to send to ER for resident was walk Continued interview of 10/13/15 occurred	desident #26 with the treatment of at 11,47 AM, in the resident's he resident asleep in bed and the he laundry bin. Continued alord no bed alarm present. It is being the [11,728/15 at 13,716 at 14]. During the [11,728/15 at 15] on my way to the front lobby resident alarm was going off but a so n my way to the front lobby resident alarm was going off but a so n my way to the front lobby resident alarm was going off but a so n my way to the front lobby resident alarm was going off but a so no my way to the front lobby resident alarm was going off but a so on my way to the front lobby resident alarm was going off but a so on my way to the front lobby resident alarm was going off but to go home. I brought her tation and talked with she need to go to bathroom, and "I don't know". I asked her life to bathroom because that is ometimes. I thought it would fon. I filled out the incident report ON box. I do not recall leaving exactly what happened section filled it out. I didn't put her back in the nurse's note because she hit back up. She transfers DON on 1/12/16 at 3:02 PM. In a soffice, revealed Resident 1/28/16 occurred in the hallway, alloes were in place prior to fall, and intervention put in place was probuation and treatment. The ing at the time of the fall." In the activity therapy room: inventions were in place.				

easo.

AND PLA	MI OF DEPICIENCIES IS OF CORRECTION	(XI) PROVIDERSUPPLEISCLA IDENTIFICATION NUMBER:	a Burding;	E CONSTRUCTION		e Survey Pleyed
		TNEIGI	B: WING		.01	/15/2016
	Provider or Supplier EWOOD NURSING C	ENTER INC 332 RIVE	4-07	TATE. 78 CXXXX		
YAG ID.	IEACH DEPICIENC	PC TIENTELAIRC MEORINATION] A MIPLE BE ESECRIPED BA FINT VLENENT OF DESICIENCES	PREPR TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	n should be Appropriate	COMPLETS DATE
And Control Control Stage Control Cont	PT [physical therapy] else but the plan" The third is 11:15 AM in the froshe was found by that intervention [to was chosen it is no Continued interview occurred on 11/26/#26's room, " All the place to "Encourage transfer" Continue transfer" Continue transfer" Continue transfer" Continue transfer" Continue transfer" Continue transfer" Continue transfer" Continue transfer" Continue transfer" Continue transfer" Continue transfer" Continue transfer" Continue transfer" Continue transfer transfer transfer the transfer transfer transfer to the 12/25/15 at the number of LPN #1] I will be questions about this interview with the Drevealed "Moved to on 9/2/15." Interview with LPN reference to the 12/Resident #26, rever the resident part of the resident part o	r. The resident was receiving by and OT foccupational hat is not on the typed care all occurred on 11/28/15 at not lobby. " I don't know who how the fall happened or why lifet resident and put to bed to not the incident report. I wrevealed the fourth fall 15 at 3:30 PM in Resident he intervantions were in place aw intervention was put in a to cell for assist with hed interview confirmed MS score [5] that is not an on for her" Continued the lifth fall occurred on se's station." she was found to you talk to her about a incident" ON on 1/12/15 at 4:12 PM, in 25/15 fall sustained by alled " The intervention fety precautions' is referring to are on and working and lent. The alarm was silenced o work in the w/c. I did not a statement about the alarm wheelchair and gave it to the	N 424			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/SUA IDENTIFICATION NUMBER: TNG-101	A. BUILDING	CONSTRUCTION	1	SURVEY PLETED 15/2016
,	Movider or suffrien EWOOD NURSING C	ENTER, INC 332 RIVI	odress, chy, 5 Er Road Er, TN 37322	DATE, ZIP CODE.	-	
(X4) ID PHEFIX TAG	TEACH DEFICE NO	ATEMENT OF DEFICENCIES Y MUST BE PRECEDED BY FULL SCIDENT(FYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REPERSINCED TO THE APPA DEFICIENCY)	LALD BE	COMPLETE DAME
The second secon	the DON/ADON of incidents in mornin happened. Jook at Then root cause a incident report is in was done, the MDI analysis. She talks nurse's notes. I ne statement from [LF and re-fractured he interview with LPN the nurses' station, 12/25/15 fall, " a leasted the alarm at there was a delay." I was at my cart when she had her i going off. It was slice the Administrator interview with the Continued confirmed that was prevention and convere put in place were put in place who the facility from the latt. Continued intervention of where intervention in the where intervention in the whole intervention in the where intervention in the whole intervention in the whole intervention intervention in the whole intervention in the whole intervention in	I6 at 4:33 FM, with the DON in fice revealed, "We discuss all in meetings Look at why interventions that are in place, nalysis is done. This 11/28/15 icomplete. The investigation 5 nurse does the root cause, with the staff and looks at the over received a written "N #1] after [Resident #26] fell or hip" #1 on 1/13/15 at 2:17 PM, at revealed on the day of the 3rd shift CNA put Resident #26] fell or hip" #1 on 1/13/15 at 2:17 PM, at revealed on the day of the 3rd shift CNA put Resident #26 rior to 7:00 AM. Her CNA that is in another room. Her CNA fer the incident and she saw. Continued interview revealed and I was within 3 feet of her fall and I did not here the alarmanced" DON on 1/13/16 at 10:53 AM, "s office revealed the new place after the 8/28/15 fall with d Resident #26 "to ER for eval interview with the DON not an intervention for falls firmed up new interventions hen Resident #26 came back he hospital after the 8/28/15 was not working" Continued the falls policy was not. 5 es vital signs were not.				
SION OF HOS	Ith Care Facilities		Daki Fit	Tei1	(f. contribution	Control Communication

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERSIPPLIERICER IDENTIFICATION HUMBER: THE 101	(XX) MULTIMA A BUILDING: B. WING:	ECONSTRUCTION		PLETED
NAME OF PROVIDER OR SUPPLIER	The state of the s		**************************************	01/	5/2016
BROOKEWOOD NURSING C	ENTER INC 332 RIVE		tate: Zip code	12	
FUNCTOR EDALM DEVICIENCE	Nement of Deficiencies Y must be preceded by full SC identifying information)	PREFIX TAG	PROVIDERS PLAN OF CORRECTI LEAGH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	रा घट	COMPLET DATE
N 424 Continued From pa	ige 46	N424		III WOOD POWA	-
In summary, Reside August 28, 2015, as were 2 falls with no the Care Plan after interventions, for extroom) for eval and "Alarm replaced fack of individualized to prevent falls, the Resident #26 from the diagnoses including	ant #26 had 5 falls between nd December 25, 201. There new interventions added to the fall; Ineffective tample: "to ER [emergency [x [evaluation and treatment], 1", in consideration of the dinterventions and monitoring facility failed to protect alls. Av nevealed Resident #23 was a possible on 1/19/15 wife			The control of the co	
Medical record revie evaluations complete 11/23/15 revealed the for falls. Continued a evaluations for 2015 white welking and de coordination. Medical record review Notes revealed the recordination for self OC the am [medical] and nightgown, dining recordination was sittle and this nurse heard, stand unassisted with	w of Resident #23's Nurse's asident felt 4/23/15, 15 [cut of bed] unessisted following the breakfast. 2:20 ing outside therapy room a loud noiseattempted to walker & fandl when attrices.				
down in w/c huheel of fell into fire door; c/o j on of Health Care Facilities E FORMS	Will street respond the relience D		- Addition	i	

Division of Health Care		K i	et contention on the content of the	S DATE BURVEY
AND PLAN OF CORRECTION		(CBUILDMG:	the state of the s	SAME ASSA
	TN6101	D. ANING		01/15/2016
NAME OF PROVIDER OR BUF		Codress, City, S	TATE ZEP CODE	
BROOKEWOOD NURSIN	A CICUITED INC	er road ir, tr 37322		
PARENT PERCHIBERIO	Y STATEMENT OF DEPICENCES ENCYMINT DE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	PRÉFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH COPERCTIVE ACTION SHOULD B CROSS REFERENCED TO THE APPROPRA DEPALIENCY)	E COMPLETE ATS EXTE
N 424 Continued Fro	m page 47	N 424		
PO lby mouth	bow pain, and backache. Tylenol placed in therapy room with frehe PEARL (pupils equal and reactive	b	8	
resident (a Di checked as re Continued rey following 5 da	medical record revealed the abotic lide of the policy and have her blood suggested by the Post-Fall Policy, liew of the medical record for the ys revealed no further neurological file pupils or movement of the state.		H:	
to address fail continued at r "at risk for fa Interventions Anticipate and resident's call the resident to requests for a is wearing api assessment of Anticipate and and pro [as no Keep items of Fi johysical the ordered or Pi	I review of the resident's Care Plate, initiated 12/03/2014 and admission on 1/19/15, revealed also a Review revealed the or the high risk of fulls included: meet the resident's needs. Be suitight is within reach and ancourage use it for assistance as needed, use it for assistance as needed, use it for assistance as needed, use it for assistance as needed, use it for assistance as needed, use it for assistance as needed, each prompt responses to all esistance. Ensure that the resident reprise footwear, Falls risk uarterly, with significant change, eded]. Follow facility fall protocol; frequent use within resident reach arapy) evaluate and treat as N (physical therapy treated the 1/20/15 through 4/28/15).	re ei		The second control of the second seco
4/23/15 recommended the Nurse's Name of the Nurse's Name of the Nurse's Name of the Nurse's Name of the Nurse's Name of the Nurse's Name of the Nurse's Name of the Nurse's Name of the Nurse's Name of the Nurse's Name of the Nurse's Name of the Nurse's Name of the Nurse's Nurse'	Incident/Accident Report dated led the fall happened at 2:00 PM ofe stated 2:20 PM). Continued id"Resident states Bumped heaview of the RCA for the 4/23/15 favestigation was completed on a after the fall) and repeated the corded on the incident Report acted not to stand without			Since the supplementation of the supplementat

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A EXILDING	E CONSTRUCTION		E SLRWEY PLETED
***************************************	TN6101	D. Wing	14-		of the said
NAME OF PROVIDER OR SUPPLIER	Annual Contractor of the Contr	THE PERSON NAMED IN PORT OF TH	The same of the sa	01.	15/2016
EROOKEWOOD NURSING CEI	NTER MIC 332 RIVE	er road R. TN: 37322	STATE, ZIP COÓÉ	æ	
FUNCTION DESCRIPTION OF	ement of deficiencies Must be preceded by full C identifying information)	ID PREFIX TAG	FROWDER'S FLAN OF CO LEACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFOLIENCY:	N SHOULD BE KAPPROPHATE	COMPLE
N 424 Continued From pag	e 48	N 424	- Commenter of the		
the plan of care and	tervention was not added to no other new interventions n effort to prevent further	No.			
DUTALLA DEVESTIGOT. LO	w of the Nurse's Note dated esident found in hallway allarea below (L) [left]				and the second s
got up out of bed efter bed walked to the hal	it Report dated 5/17/15 rened at 4:00 AM. "Resident r voiding on the side of the liway door holding onto g onto the floor needs bed if us know when she		*	,	a discourance of the state of t
fifty days after the fall) resident's voiding nee "Details" of the Incider "Bed Alarm" was a new	r the 5/17/15 fall revealed completed on 7/7/15 (50) and did not address the ds that was stated in the ht Report for the fall. The w intervention added to the ind was dated 5/17/15 on			and the second s	
floor between bedsm extremity_essisted to the Nurse's Note revea	bed" Further review of iled there was no mention ent. If the resident offered signs or neuro checks a blood suggest below	**************************************		The second secon	
Review of the facility's a Resident #23's 5/24/15 an incident Report and not lead Care Facilities	records confirmed fall was not reported on was not investigated with			,	

PRINTED: 03/25/2016 FORM APPROVED

Statement of Deficencies and Plan of Correction	(X1) PROVIDERSUPPLIERCUA, IDENTALICATION NUMBER	A. ELECTROS:	CONSTRUCTION	NOO!	E SURVEY PLEYED	
****	TN6101	B. Wolg		n i	01/15/2016	
HAME OF PROVICER OR SUPPLIER ROOKEWOOD NURSING C	ENTER, IMC 312 RIVE DECATU	XDRESS, CITY, ST IR ROAD IR, TN 37322		*	P GF	
TAG REGULATORY CAL	ATEMENT OF DEFICIENCIES A MUST SE PRECEDED BY FULL SC IDENTIFYING INFORMATION!	ID PREFIX TAG	PROVIDERS PLAN OF C (EACH CORRECTIVE ACTION OF CORR	IN SHOULD BE	CORPLE	
N #24 Continued From pa	···	N 424	<u> </u>	······································	i	
the facility's require	d RCA,	1 .	7		į	
Medical record revi	ow of the Care Plan revealed Plan was updated 3 times	***		*		
Will the same inter	rentions which had already					
of trequent use in n	on the care plan"Keep items sach"; "Remind to use call	-				
light for Assistance	and the third intervention					
residents due la sei	nind resident not to push other ely.* The interventions were				İ	
not new intervention	ns and had been ineffective or the cognitively impaired					
5/25/15 revealed, "6 symptoms] of injury complaints of pain a lout of bed] in wic to exited DR and tried	w of the Nurse's Note dated IA-1p 0 [zero] sis [signs or from fall during Alvi hours0 If this time. Resident OOB DR [dining room], Resident to push another resident's w/c coted from her w/c onto the wist and hand"					
Resident #23's fall of was not reported on	/s records confirmed f.5/25/15 from the wheelchair an Incident Report and was the facility's required RCA			¥		
Review of the care printervention develop	ed after the 5/25/15 fell. The	,			•	
intervention dated 5/	24/15 to "Remind resident"				E 6	
dated 5/24/15 and w	idents due to safety' was as not appropriate for the vere cognitive impairment lify and both short and long				G.	
(84 80	3					
5/27/15, revealed "12 my Resident states	w of the Nurse's Notes dated 2 AM Fleard resident say 'Oh I was leying to get key for my					
in of Health Care Facilities		Sample Land	CAN TAME			

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	NT OF DEFICIENCIES OF CORRECTION	121) PROVIDERSUFFLERCLIA IDENTIFICATION NUMBER: TN6101	A BUILDING.	CONSTRUCTION	COM	E SUMVEY PLETED
BROOKE	-rovider of supplier WOOD NURSING C	STREET AD 332 RIVER DECATUR	DRESS, CITY, S	TAYE, ZIP COCE		15/2016
(X4) ID PROFES TAG	LEACH DEFICIENC	MEMENT OF DEFICIENCIES MUST BE PARCEDED BY FLAT SC IDENTIFYING INFORMATION	PREFEX TAG	PROVIDERS PLAN OF SEACH CORRECTIVE ACT CROSS ASSESSED TO DEFICIENCE	THE APPROPRIATE	GOMPLEX DATE
 The Publish Control of Company of the Control of Cont	found sitting in floodiscomfort, no redressed back to per self" Review of the Incide revealed the reside up to go check my Review of the RCA the investigation was and poor safety aw factor. Review revenient and redirect recrient and redirect recrient and redirect revealed a fall happ "Resident rolled do room when she destinant recommended intervestigation was to "Remind reson edge of w/c (who assessed 5/15/15 to the long and short Review of the RCA the investigation was days after the fall) a "Remind resident assessed in re	redirected resident. Resident r. Denies any pain or ness or bruising noted bed, moves all four extremities and Report dated 5/27/15 and stated size was "getting car outside," for the fall of 5/27/15 revealed as completed on 7/7/15 (40 and recorded in the sident's "Dementia, confusion, areness" was a "refevant" ealed the interventions were to it when delusional. otan revealed "when tincluded. ent Report dated 5/1/15 pened at 3:30 PM as the win half B in wic toward her cided to come back up half she side out of her chair onto does not identify the staff ased the fall. The receiped at 3:30 PM as the side out of her chair onto does not identify the staff ased the fall. The receiped port on the incident Report sident pm [as needed] not to sit gelchair) seat" (resident on have severe impairment with	N 424			

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (XI) PROVIDENSUPPLERICUA EXZIMULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION. IDENTIFICATION NUMBER: A BUILDING COMPLETED TM6101 B. WING 01/15/2016 HAME OF PROVIDER OR SUPPLIER STREET ACORESS, CITY, STATE, ZIP CODE 332 RIVER ROAD BROOKEWOOD NURSING CENTER, INC DECATUR, TN 37922 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSQ IDENTIFYING INFORMATION) ODMANIETE AXS FREEKX PREFIX reach corrective action should be TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY Nivi24: Continued From page 51 N 424 memory problems). Medical record review of the care plan developed from the comprehensive Annual assessment, dated 11/9/15; revealed the interventions were provided by the software program and populated into the updated care plan: Anticipate and meet the resident's needs; Be sure resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt responses to all requests for assistance; Ensure that the resident is wearing appropriate footwear; Falls risk assessment quarterly, with significant change, and prn; Follow facility fail protocol: Keep items of frequent use within resident reach; Pt [physical therapy] evaluate and treat as ordered or PRN (physical therapy treated the resident from July 2015 through August 15. 2015 to address safe transfers with a rolling walker and standby assist with verbal cues). Continued review of the care plan revealed the bed alarm was not included as an intervention and all the interventions were the same computer-generalist Interventions on the previous care plan. Medical record review of the Nurse's Note dated 11/22/15 revealed, "Resident hallucinating this shift first time she thought she saw her son and went after him. Resident fell on the floor at bedside no injuty noted..... Review of the Incident Report and physician orders revealed the resident was treated for a urinary tract infection. Medical record review of the Nurse's Note dated 12/21/15 revealed, "4:00 pm Heard Resident yell out - went to room, found resident on the floor by her bed. She had attempted to get in bed and

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PRINTED: 01/25/2016 FORM APPRIONED

STATEMENT OF DEFICIENCIES AND PLAN-OF CORRECTION	(XI) PROVIDERSUPPLIERAÇIA IDENTIFICATION RUMBER:	A BUILDING	E CONSTRUCTION	(X3) DAT	E SURVEY
Promoter Assessment Sommer.	TN6101	ST. Mild®	557	01	115/2016
NAME OF PROVIDER OR SUPPLIER	BTREETA	odress, city, s	FATE, ZP. CODE	promised Lawrence W.L.	N. C. C. C. C. C. C. C. C. C. C. C. C. C.
Brookewood Nursing Ci	ENTER INC 332 RIVE	RROAD R. TH 37322	,		
PERSONAL TRANSPORT AND ALL THE PARTY	ATEMENT OF DEFICIENCIES	(s)	PROVIDER'S PLAN OF COR	RECTION	(MS)
TAG REGULATORY OR L	SCHENTIFYING INFORMATION	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SP4230 11 (1) 45度	COMPLE
N 424 Continued From pa	GP 52	N 424	The state of the s		+
unable to make it. Hospital for evalual	4:45 pm Transferred to				31€0 \$8
Review of the Incid	ent Report for a fell on		46		i
TELETING FOVERHED	4:00 FM Resident yelled out in fleor by her bed. Forehead	ļ			
nad two small knots	" Continued review				İ
FIX TO GYANDANON	iken to prevent recurrence: To Bed slarm (checked), new				
Batteries."					1
ING INVESTIGATION FEE	for the 12/21/15 fall revealed suited in an entry on the care - hematoma forchead, skin				1
tear to linger - To Ei under the lintervention "Alarm tested-baner expectation to maint previous intervention chair/bed (a previous	T for evaluation & Tx" and on column of the care plan ses changed (this is an cain the functioning of a had alarm to a later when the superior for a had alarm to a later when the superior for a had alarm to a later when the superior for a had alarm to a later when the superior for a had alarm to a later when the superior for a had alarm to a later when the superior for a had alarm to a later when the superior for a had alarm to a later when the superior for a had alarm to a later when the superior for a had alarm to a later when the superior for a had alarm to a later when the superior for a had alarm to a later when the superior for a had alarm to a later when the superior for a later w		9		
was on the care plan	a a construction of the second	i i			;
in the administrators	ON on 1/15/16 at 10:05 AM, office, confirmed the was added to Resident 23's				
Winderstall and the c	ate this began was not are plan and the date could				
and Frogress Notes	ency room Physician Order's dated 12/21/15 revealed the				
Head with diagnoses Head Injury."	f the right knee and a CT of of "Knee Contusion and	i i		the appearance	
Alvi, revealed the res	sident on 1/11/16 at 8:30 dent was up in the wheel		a .		
chair in the half, close the pressure pad in the	to the nursing station with	1		1	

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Division of Hea	th Care Fa	cillies			F-CB6b	NALLKOAKD
STATEMENT OF DEF AND PLAN OF CORR	CENCIES ECTION	KATI PROVIDERSIPPLIENCLIA IDENTA (CATION NUMBER:	(X2) MLA.TIPL A. BURLOING;	E CONSTRUCTION	OCO LOAT CON	E SURVEY
		TN6101	D. WING		1	11.20.00
NAME OF PROVIDER	or surfuei		MORESS COV S	Tate, zip code	01.	15/2016
Brockbwood	THE RESERVE OF THE PARTY OF THE	ENTER, INC 332 RIVE DECATU		war the oppe		
(M4) ID PREFIX (EA TAG REG	CH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	FREFIX TAG	PROVIDERS PLAN OF CORRE (EACH CORRECTIVE ACTION SHY CROSS REFERENCED TO THE APP DEFIDIENCY)	CX II CO TERM	COMPLETS DATE
N 424 Continu	ed From p	age 53	N 424	The second secon	1000 Tarabaya	
Intervie AM, in a not rear about the respondance of the same of the same of the falls on confirmed in the facility of the faci	w with Ros the rehab n dily engage ne last fall i ded, They o be they w with the f drainistrato t did not ha alls from 5/1 were not di l' on 4/23/1 were not di l' on 4/23/1 were unwitne ad after the ent Report 5/24/15 and ad Residen tave an ind ty's Post-F ed the plan intervention the 5/1// id, after the epeated int id, after the epeated int id, after the epeated int id, after the epeated int id the resid d injury, the seen in use if all and m ing of the al lon.	ident #23 on 1/15/16 at 6:15 com revealed the resident did in conversation. When asked it December at 4:00 PM, she won't put you to bed when you say you have to stay up. 20N on 1/15/16 at 10:05 AM, re office, continued the we a blood sugar checked after 24-12/21/15; a series of neuro one after the fall with "head 5, and were not done after the esed falls. Further interview fall 4/23/16, no new put into place and there was or RCA investigation for the 15/25/15. Further interview t #23 had repeated falls and lividual falls log as required by all Protocol. Interview of care did not include an into assist in fall prevention 5 fall with the use of a bed inext 6 falls, the intervientions ervention or not an effective the resident's impaired lerview continued and ent's fall of 12/21/15 resulted in her wheel chair prior to the aintaining the proper arm was not a new				
April 23, Were 7 ft	2015, and	ont #23 had 8 falls between December 21, 2015. There new interventions added to the fall. In consideration of the	17			e e

	of Health Care Fac		-	Andrews - I am a second	I SERVICE AND A SERVICE AND ADDRESS OF THE PARTY OF THE P
STATEMEN AND PLAN	OF CONSECTION	(X1) PROVIDENSUPPLIENCLIA IDENTIFICATION HUMBER:	(X2) MULTIPLE A BUILDANG:_	CONSTRUCTION	(X3) DATE SURVEY CONFLETED
		TNGIOT	B. WING	The second secon	01/15/2016
NAME OF F	PROVIDER OR SUPPLIER			TATE: ZIP CÓĐE	
BROOKE	wood Nursing C	DEWATOR	ROAD TN 37322	TO DESCRIPTION OF THE PROPERTY	
(X4) ID PREFIX - TAG	JEACH DEFICIENC	PC IDENTIEATING BULCHWYLIOM) A WRYL BE MAECEDED BA WAIT A EMENT OL DREICHENCHE	ID PREFEX FAG	PROVIDER'S FLAN OF CORRECTS (EACH CORRECTIVE ACTION SHOUL CROSS REFERENCED TO THE APPRO DEFICIENCY)	ON CASH DISS COMPLETS PRIATE DATE
N 424	Continued From pa		1424	4.	
	lack of individualize to prevent falls, the Resident #23 from	ed interventions and manitoring facility failed to protect fails:	7	ä	
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7/17/15 with diagnouslin delusional fea with delusional fea Depressive Disord Hypertension, and			•	
	dated July 17, 201 received a score of	iew of a Fall Risk Assesament 5, revealed the resident f 13, with a total score above esident was a high risk for falls.			
	7/19/15 revealed to the floor in her rook Continued review reshe just sat down "Additional commorevent recurrence	lent/Accident Report dated the resident was found sitting in in (unwitnessed fall), evealed the resident "stated "stated the resident "stated the review revealed nents and/or steps taken to c: Keep in erea visible by staff alarm out of reach"			
	tast updated 7/19/1 plan was updated with no injury on 7/ the facility). Confir implemented new fails " Bed alarm.	iew of the Interim Care Plan. 15 revealed the resident's care to reflect the resident had a fall 19/15 (2 days after entering used review revealed the facility intervention to prevent future "keep resident in area visible alking aroundput alarm box			
	did it happen?1. on floor next to bet alarm not sounding off. DementiaAc	i, not dated, revealed, "Why Self transfer 2. Found siting 1, states she sat down on floor, 1. Turned Ifon Plan1. Resident states If. Keep alarm in position			

AND PLAN	nt of deficiencies of correction	(XI) PROVICERSUPPLIERCLIA	A BULDING	E CONSTRUCTION	(X3) DAT	e enemed e enemed
	Allocation of the second of th	TN6101	B. WING		1 04	d al- pel planton, al- pa
NAME OF	PROVIDER OR SUPPLIFIC	STREET AD	oress, city, s	Tate, zià code	LX D	115/2016
BROOK	EWOOD NURSING C	ENTER, INC 332 RIVE		,	Ŀ	
PREPIX TAG	CEPTAL APPRAISE RELIGIONS	ACEMENT OF DEPICIENCIES AY MUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROMOBR'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	WH # #2 1963	CONFLE DATE
N 424	Continued From p	age 55	N 424			- Indicate -
	where resident car	mot reach				i
i i	area visible by stat	f when awake"		,5		
	Medical record rev	iew of Resident #40's care.	Ì			
i	resident is at risk to	7/29/15 revealed, "The private of falls, "The private of falls,"	l		88	İ
	decreased mobility	. USB of osuchalagaic	-			
3	Hiervenbons/Tax	linued review revealed, sks7/19/15- Keep resident in		**		1
10	MAN AND AND AN REST	When not sleening 7/10Hs.	1			
£ 6	Anticipale and mee	ox out of resident's reach; the resident's needs; Be sure				e e
3/7	ne resident a call b	Office within reach and	1			ļ
. 331	LOSOBO I LIGHTORIO	lent to use it for assistance as ant needs prompt response to	(İ
	all requests for assi	stance, Ensure that the appropriate footwear, Fall risk				
4	assussment duane	W. With sinnificant change and	j			
2.1	THE PRINCIPLY TEACHERY	all protocol; Keep items of resident's reach; Pressure				
3.4	ad alarm in bad; P irdered or PRN	Tevaluate and froat as			2 2 2	4
F	Review of an Incider	nt/Accident Report dated				
- 40	or being one crivi	D PM revealed the resident fall in the dining room	Į			
	a reard foud noise	from dining room : Equal				
- P	esident lying on har	back. No injuries. Res has rej with unsteady galf leaning				
TA	me right" Conti	1000 review revealed	1			
9 Te	Additional comme	rits and/or steps taken to Frequent rest periods*			!	
- 4						
- 10	KALLA TEST CHARLES STEEM	dated 8/19/15, for the fall on the fall) revealed, "Why	å		1	
ÇI	o u nappen? Lam	bulating Demonts			1	
· F)	ednaur test begodi	g to one sideAction Plan 1.				
R	eview of an inciden	VAccident Report dated			i	
of Head FORM	a Care Facilities	113		The state of the s		1 1100000

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Division of Health Care For August 1985	(X1) PROVIDERISUPPLIERICLIA	LIVE SAN THE S	CONSTRUCTION	LOUIS OVER	Division wine
HED PLAN OF COMPRECTION	IDENTIFICATION NUMBER	A, BLALDING:	S COMP (WHO I LON	COMP	rered Spiener
	1				
	THE101 B. WHG		The state of the s	01/15/2016	
VANE OF PROVIDER OR BUPPLIE	STREET AL	XDRESS, CITY, &	TATE, ZIP CODE		
ROOKEWOOD NURSING	Center, Inc 332 Rive				
The state of the s	STATEMENT OF DEFICIENCES.	R, TN 37322		rxw waren	
PRICEIX LEACH DEFIGRE	PAREMENT OF DEFINE PROCESS. RESE EDENTIFYING INFORMATION	PREFIX TAQ	PROVIDERS PLANTOF CORRECT (EACH CORRECTIVE ACTION SHOW CROSS REFERENCED TO THE APPRI DEFICIENCY)	N.D.BE	CCMPUS SAFE
N 424 Continued From	page 56	N 424	SAVORE - STATE STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	EMIL STATE OF THE	·····
(() () () () () () () () () (d 9:15 PM revealed the resident	1	€	1	
had an unwitness	sed fall in the hell "Resident				
would not stay in	bed or chair. Had been walking		۰		
up and down hall	In and out of all rooms. RN ej heard noise back hall and				
foldid resident or	of neard hoise back half and the floor by the sink"				
Cantinued review	revealed, Bring resident out	İ			
with staff when re	estless" Continued review		% ¥	-	
revealed the inte	vention implemented was not a				
	as a prior intervention on the an was "7/19/15keep				
resident in area v	sible by staff when not	1 1		3	
sleeping"		1			
Barrion of the Br	A dated 8/19/15 (8 days after		32		
the fall on 6/11/11	o) revealed, "1. Resident	Ĭ - !		y E	
restless, would in	of stay in bed, Pacing. Staff	1			
heard noise, four	d resident on the	1			
out staff when res	Action Plan: 1. Gring resident	1		1	
SOC SPORE RECESSIONS	sections.	1		Ì	
Review of the Inc	ident/Accident report dated				
8/14/15 and time	11:30 PM revealed the resident				
Feeting the activity	room (unknown if witnessed) ambulating, wandering- fell in				
activity room, pt [cetientl assisted up by 3				
nursesred area	2 inch by 2 inch note backside	{ }			
of Lama Conti	nued review revealed.		£		
chévent récurrenc	ments and/or steps taken to e; Ensure rest periods when				
wandering" (pri	or intervention implemented on			1	
8/7/15).	A soldier super- S. soldier S. service super-			1.1 1.2 1.4	
Raylaw of the DC	A dated 8/19/15 for the fall on				
8/14/15 at 1:30 Pl	M, revealed, "1. Fall2.			14	
Resident wander	ng throughout unit. Fell in				
activity roomDe	mentiaAction Plan: 1. Ensure			3	
rest periods when	wandening"	1		1	
Review of so tock	dent/Accident Report dated	1		1	

STATEMENT OF REFICIENCIES AND PLAN OF CORRECTION	(KI) PROVIDERSHIPPLIERGLIA IDENTRICATION NUMBER:	(X2) MULTIPU A. BUILDING:	E CONSTRUCTION -	(X3) DAT	E SURVEY
	TN6101	B. WING		w	
NAME OF PROVIDER OR SUPPLIER	STREETA	odress, chy. s	TATE ZIP COOK	1 03	15/2016
erockewood nursing Ci	ENTER, INC 332 RIVI DECATU		The same of the sa		
NUMBER OF THE PROPERTY OF THE	ATEMENT OF DEFICIENCIES Y MOST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION	PREFEX.	PROMIDERS FLAN OF CO SEACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	d Sharwill In this	COMPLI DATE
Iresidenti found lymbematema noted to in LOC flevel of conceview revealed. " steps taken to preven activity room with needs" Continued Interventions implementations as pricesident's care plan area visible by staff anlicipate and the rewhen resiless keep staff. Medical record review review review of the facility the san orders" Review of the RCA de 8/14/15 at 5:00 PM refound fying on floor fail. Dementia, want resident in Activity roaccompany resident Continued review review review review of the facility the san incident/Accident Reference of the sam incident/Accident Reference of an Incident Reference o	5:00 PM revealed the resident of fall in her room, "Resign on floor of her room. Large back of her [head] No change back of her [head] No change sciousness]. "Continued Additional comments and/or ent recurrence: keep resident a staff Accompany to room for review revealed the mented were not new or interventions on the were 7/19/15 keep resident in when not eleeping; 7/29/15 asident's needs; and 8/11/15 resident in area visible by the of a nurse's note dated are for evaluation after the fall evented the resident returned no evening with "no new lated 8/19/15 for the fall evented."1. In room. 2 in room. Unwitnessed lers. Action Plan. 1, Keep om with staff2. Staff to to room for needs"	A Company of the Comp	DEFERENCY		
and fell faice first just Not realin Care Facilies Forms	up walked across the room inside the door catching		CARCOLLE SHIPMING TO SAME OF THE SAME OF T	Sozanow de Salver	

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Division of Health Care Facilities STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIERICEIA (XXI MULTIPLE CONSTRUCTION (IC3) DATE SUPWEY COMPLETED **PENTIFICATION NUMBERS** A. BUILDING: B. WWHG TWGTON 01/15/2016 JAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COME 332 RIVER ROAD Brookewood Nursing Center, Inc DECATUR, TN 37322 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE TRECEDED BY FLU PREFIX PROVIDER'S PLAN OF CORRECTION COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE ... CROSS-REFERENCED TO THE APPROPRIATE FSELFRK REGULATORY DRIEG IDENTIFYING INFORMATIONS TAG TAG DEFICIENCY N 424 Continued From page 58 N 424 herself with R arm. Skin tear on R elbow ... " Continued review revealed, "... Additional comments and/or steps taken to prevent recurrence...Constant supervision when OOB fout of bad) return to bad or safe zone when unattended..." These were previous interventions on the care plan dated 7/19/15 "... Keep resident in area visible by staff when not sleeping ... 8/10/15 when restless keep resident in area visible by staff._8/14/15...keep resident in ectivity room with staff. " Review of the RCA dated 8/19/15, for the fall on 8/15/15 at 4:30 AM revealed, "...1. Resident in activity room, staff left room, resident got out of easy chair and fell. Dementia. .constant supervision..." Review of an Incident/Accident Report dated 8/29/15 and timed 2:00 AM revealed, ".. Resident got up to go the BR (bathroom) became discriented and fell at the foot of her bed. Lying on her L side ..." Continued review revealed, *...Additional comments and/or steps taken to prevent recurrence: Bad alarm doesn't work. Resident know how to disarm..." Continued review revealed the intervention of the bed alarm was not functioning and therefore did not alen staff. Review of the RCA, not dated, revealed, "... Resident got OOB during night to use bathroom, Fell. Alarm not sounding...Dementia...Action Plant 1. Alarm replaced...2. Keep alarm control out of resident reach..." which was a prior intervention initiated on 7/19/15. Review of an Incident/Accident Report dated. : 10/2/15 revealed the resident had an unwilnessed

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STATEMENT OF DEFICERICIES AND PLAN-OF CORRECTION THE STATEMENT OF CORRECTION THE STATE		(A1) PROVIDERSTON NUMBER OFNORIGATION NUMBER	A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B: WING	and the second s	oti	01/15/2016	
HAME OF PROVIDI	4.,	ENTER INC. 332 RIVE	COLOR REPORT	*Are, 24 cope	,systematical and 17	1992-0-19
	MOH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY PLEL LSC REENTIFYING INFORMATION)	FREFIX FAG	PROVIDERS PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLET DARG
fall In terif injurior Reside ambs. "Ad preve wand Revised dated "Fo side Oliver Revised foom woman floor lacer bead intervisial" a were Medic 10/5/1 reside woman foom foom foom foom foom foom foom foo	ide outstretous. Res had ent was lear lations. Confidence of the RC/2 10/13/15 (1) and in room; we stond activity we of an Incidence of the RC/2 and timed in was lying to resident lying the stond constent lot in place a al record revent of in place a thead area to in on the Room thing for her er resident limit came to in on the Room thing for her er resident limit came to in on the Room thing for her er resident's at head area normal limit tier on Ru	Resident was found lying on Lt thed-no s/s [signs/symptoms] removed her socks before fall during onlinkled review revealed, nents and/or steps taken to at Diversional activities when liqued" A for the fall on 10/2/15 and I days after the fall) revealed; lying on floor on L rendering Action Plan1. whest when wandering a lot" lent/Accident Report dated 6:45 PM revealed the resident a beside his bed on g on Rt side with lac t [right] eye, ice pack applied to applied to Rt elbow" le the time of the fall. lew of Nurse's Notes dated B:45 PM revealed, " Male ursing office stated there's a r beside my bed yetling. I can't "Res found lying on floor of room]. Lying on Rt side blood a ROM [Range of Motion] WML tabout to head-start-strips	N 424			

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIENCE IA EX21 MULTIFLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION IN MINISTER COMPLETED A BUILDING: B. WING TN6101 01/15/2016 NAME OF PROVIDER OR SUPPLIER. Patreet address, City, Syate, 239 Code 332 RIVER ROAD Brookewood Nursing Center, Inc DECATUR, TN 37322 SUMMARY STATEMENT OF DEFICIENCES PROVIDER'S PLAN OF CORRECTION (XID) EXPLETE CATE 4X4) ID TEACH DEFICIENCY MUST BE PRECEDED BY FULL TESULATORY OF LCC IDENTIFYING INFORMATION MEACH CORRECTIVE ACTION SHOULD BE CHOSS REPERENCED TO THE APPROPRIATE DEFICERORY PREFIX PREFIX TAG TAG N 424 Continued From page 60 Nº 424 and Documentation dated 10/5/15 revealed the resident was transferred to a local emergency room for evaluation and treatment ... Reason for transfer... found lying on floor of room...lying on Rt side with lacerations to Rt forehead over Rt eye. Laceration on Rt elbow-bruise on Rt wrist..." Medical record review of a nurse's note dated 10/5/15 and timed 8:30 PM revealed, "...Received call from Temergency room stafff...Informing resident is to return to this facility et resume orders of NH [nursing home]...states Durabond was used on faceration over Rt eye..." Medical record review of a physician's telephone order dated 10/5/15 revealed, "... Laceration over eye-monitor daily for s/s [signs/symptoms] infection-edges approximated with Durabond..." Review of the RCA dated 10/13/15 for the fall on 10/5/15 at 6:45 PM revealed, "... Other resident notified nurse of resident on floor in his room...Dementia, weekness, wandering...Action Plan... 2. Lap buddy for positioning and safety..." Medical record review of a nurse's note dated 10/6/15 revealed, "... Received order for lap buddy for positioning for pt safety. Pt able to remove..." Medical record review of a Physician Telephone order dated 10/6/15 revealed, "... Lap buddy for positioning of safety. Pt able to remove... Review of an Incident/Accident Report dated 10/13/15 and timed 11:40 PM revealed the resident had a fall in the activity room funknown if witnessed or unwitnessed] "... Resident found in floor in activity (room)..." Continued review revealed, "... Additional comments and/or steps taken to prevent recurrence: Keep in area visible

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STATEMENT OF CEPKLIENGIES AND PLAN OF CORRECTION	(X1) PROVIDERSUPPLIERICEM IDENTIFICATION NUMBER TWE101	(XS) ATULTIFIC A. EUILDING: B. WING	5 CONSTRUCTEM	cor	E SURVEY
NAME OF PROVIDER OR SUPPLIER	The state of the s	DRESS, CITY, S	TATE, ZIF CODE	1 91	/15/2016
Brookewood Nursing G	ENTER INC		,		
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N 424 Continued From pa	э р е В 1	N-424	Winds of the second	**************************************	
Review of the RCA 10/13/15 (21 days "found on floor in wandering Action staff 2. When agit [wheelchair] with la Review of an Incide 10/15/15 and timed wandering in dinling Bruise noted to bac 1 can tender to touc noted-right upper a revealed, " Addition taken prevent recur	dated 11/3/15, for the fall on after the fall) revealed, activity roomDementia, Plan 1. Keep in area visible by aled/wandering put in w/c p buddy and keep with staff" ent/Accident Report dated 11:00 AM revealed, "PI was room, fell against wall, k of head 2 cm [centimeters] x in R shoulder with redness in" Continued review nal comments and/or steps rence: pt placed in w/c with itoring to keep pt in w/c"	mandomania de la constanta de			
10/15/15 and timed	ew of Nurse's Notes dated 11:00 AM revealed, our in dining room hit back of 1.2 om x 1 cm. R [right] ea noted"				
10/15/16 and timed resident was return	ew of Nurse's Notes dated 4:45 PM revealed the ad to the facility after tergency room with no new	To an and the second se			
revealed, "Reside wallDementia, fati	Yan 1. Placed in wheelchair	And the second s		40	Abraham (market) (m. 1975) market (m. 1975)

nd Plan	of Correction Of Correction	(X1) PROVICENSUPPLIERCEIA IDENTIFICATION NUMBER	(X2) MULTIFLE A. SUILDING:	CONSTRUCTION		E SURVEY PLETED
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WE OF I	PROVIDER OR SUPPLEY	THE STATE OF THE S	The state of the s	TAFE, 2# CODE		15/2016
ROOKE	WOOD NURSING C	ENTER INC. 332 RIVE				
X4) ID REFIX TAG	MEACH DEFICIENC	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FIRE LSC IDENTIFYING INFORMATIONS	PREFIX TAG	PROMOER'S FLAN OF CO 1EACH CORRECTIVE ACTIVE CROSS-REFERENCED 10: THE CROSS-REFERENCED 10: THE	W SHOULD BE EXPPROPRIATE	EXE CXCLEPE DAT
N 424	Continued Fram p	aga 62	14.424			
IEACH DEFICIENCY RESULATORY OR LS 1424 Continued Prom page Interview with the District of the Administrator's was unable to provide how the facility initial Continued Interview know how the facility what staff member of monitoring or for how occurred. Review of an Incident 10/26/16 and timed of found lying on floor and found lying on floor and found lying on floor and the found found review recomments and/or attentional noted on ice pack. Neuro [neuroments and/or attentional pressure pad alarm of chair alarm	DON on 1/15/15 at 11:05 AM, r's office, revealed the DON ride any information related to ated 1;1 monitoring, wrevealed the DON did not lify provided the 1:1 monitoring, was responsible for the 1:1 ow long 1:1 monitoring ent/Accident Report dated 18:30 PM revealed, "Res at foot of her bed on Rt side up to sitting position. Lg [large] on Rt area above eye: Refused eurological] check WNL" evealed, "Additional teps taken to prevent on bed batteries changed in timued review revealed the		*	H.C.		
And the second of the second o	functioning propert Review of the RCA 10/26/15 (29 days bed Found during Bed alarm not sour 1. Bed alarm chang Review of an Incide 11/3/15 and timed 5	dated 11/24/15, for the fall on after the fall) revealed, In rounds on floor at foot of bed iding Dements Action Plan jed"				And the second s
	room]-nose bloed n nose-bleeding stop /evealed, "Additio laken to prevent rec we with lap buddy i	noted janomer residents a poted-pressure applied to ped" Continued review nal comments and/or steps curienceResident assist into in place for safety* This en initiated on 10/6/15.				And the second s

STATEMEN	of Health Care Faci TOP DEFICIENCIES OF CORRECTION	(X1) PROVIDERSUPPLIERCLIA ICHTIFICATION NUMBER: TNG101	(X2) MULTIPLE A BUILDARG B. WING	CONSTRUCTION	COMPLETED 01/15/2016	
	A Company of the Company	- Committee	-	rate, zip čodě	V 11 3 30 2013 A V	
	ROVINER OR SUPPLIER	332 RIVER	Company of the compan	ted for the American		
BROOKE	WOOD NURSING CE		TM 37822	Shill and the shift of the shif		-
erefix Prefix Tag	WACH DESIGNERO	TEMENT OF DEFICIENCES MIST BE MACCEDED BY FULL SC IDENTIFYING INFORMATION	PREFIX TAG	PROVIDERS FLAN OF CORRECTIVE ACTION SHOULD CROSS REFERENCED TO THE APPROVIDENCE OF DEFICIENCY)	DEE COMP	LETE
N 424	Continued From pa	g a 63	14.424			
	arrived. has bruise	5:30 PM revealed "Mobile x-ray across bridge of nose red results of x-rays no fx				
	[fracture] noted"		an an	W W	į	
	in [another residen weindering, unsteal revealed, "	dated 11/24/15, for the fall on fer the fall) revealed. "found its room]Dementia, dy gait" Continued review Plan1. In wic with lap buddy "CON on 1/15/15 at 11:05 AM, it's office, revealed the DON ide any information related to ated 1:1 monitoring, we revealed the DON did not thy provided the DON did not thy provided the DON did not was responsible for the 1:1 conting "I monitoring interview confirmed 1:1 minitoring interview confirmed 1:1 interview confirmed 1:1 intervention which fied been in all as well as the intervention of the resident had not been in it in the resident had not been in it in the resident had not been in it in the resident had not been in it in the care plan.				15
	11/8/15 and timed had a witnessed fat Resident stood window window or housekdeper nur assist-ne injury not buddy with alarms review revealed, steps taken to prow/c with tap buddy prevent falls" Co	ent/Accident Report dated 7:50 AM revealed the resident if in the dining room, up from chair-stumbled in to ackedresident assisted by se ran to dining room to tedplaced in w/c with lap or pt safety" ContinuedAdditional comments and/or vent recurrencept assist to or to bed after sedation to antinued review revealed the binstarit supervision, or in			A COLUMN TO THE PARTY OF THE PA	

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDERSUPPLIENCIA IDENTIFICATION NUMBER	A BUILDING:	E CONSTRUCTION		e survey Plejed
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N 424 Continued From pa	age 64	N 424	The second secon	William Committee	
wheelchair with lat time of the fall.	aft ta social ni ton erew ybbud o	¥.	= *	19	
Medical record rev	iew of a Physician's Telephone		e.		75 84
order dated 11/6/1	5 revealed, "Order ddy in w/c for pt safety when pt				
wanders with unsta	adv gait and unable to be				
redirected. Check minutes, release to	res (resident) q (every) 30 p buddy and exercise resident				17 17 18
for 10 min [minutes in use"	q 2 hours when lap buddy is				1
					12
Review of the RCA	dated 11/24/15, for the fall on for the fall) revealed,	İ			1
"Resident stood f	rom chair in dinion room. fell	1			
against windowD	ementla, poor balanceAction ap buddydining room				1
seating changed. I	Staff to assist with	1			
Review of an Incide	ent/Accident Report dated				
1/8/16 and fisted 7:	45 AM revealed the resident	-			
room " Called to n	DOM Ber CNA. Pt found on	Į.	10		3
nurses station" C	Luassisted of to wio taken to ontinued review revealed.	į			1
"Additional comm	ents and/or steps taken to increase fluids to keep bip				j
[blood pressure] up	" Continued review	127			
revealed the interve	ntions to keep resident visible natent supervision, or in	İ		12	į
wheelchair with lap	buddy for protection were not	1			1
in place at the time	of the resident's fall.	Į.			1
Review of the RCA	not dated, revealed, "CNA or beside bedres ambulating	1		8	
in roomb/p noted	to be lowassisted to w/c.	Ī			eti No
taken to nurses stat	ion, fluids given, blood "Action Plan 1. Assist to wio.	ļ			#/i
taken to nurses stat	lonfluids given for low b/p"				i
kn of Heigh Care Facililes E FORM		W 13	rd#	##************************************	stusel 65 of 10
	170	H.	181170	an Adeltic continue	

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NAME OF PROVIDER OR SUFFLER BROOKEWOOD NEFAING C	PATER INC. 352 RIVE		tate, zip cure	
PREFEX : [EACH DEFICIENG	atement of deficiencies It must be preceded by pull LSC identifying inpormations	AD PREFIX TAG	PROMOERS PLAN OF LEACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	KOM SHOULD DE COMPLEY THE APPROXIMATE DATE
N 424 Continued From pa	ige 65	N 424	110000000000000000000000000000000000000	
PM, in the secure in resident up walking wandering in and o	resident on 1/14/10 at 12:47 unit of the facility, revealed the garound unassisted, out of rooms, and not under on or visible to staff at all times:	The state of the s	⊕· ¥:	
AM, revealed the re	resident on 1/15/16 at 6:10 esident was seated in a lites room, sleeping.			
the secure unit nur resident did get up unassisted. Contir buddy did not work being able to remo the lap buddy tiad	If on 1/14/19 at 11:04 AM, in sing station, revealed the unassisted and ambulated unassisted and ambulated "Llap for het" due to the resident we on her pwm and confirmed not been utilized recently. W revealed the resident or unassisted.	Andrew College		
Review of the med intervention of the had not been disco	ical record revealed the wheelchair with the lap buddy intinued.			
the secure unit, rev around* Further had attempted to u was not affective a become more agits	#8 on 1/14/16 at 12:42 PM, in realist ", resident just walks interview confirmed the facility se the lap buddy, however it not caused the resident to sted. Continued interview lent was allowed to go into her ion of staff.	The second secon		
2:48 PM, in the Adr the resident had sig mobility and leaning interview revealed	Kehab Director on 1/14/16 at ninistrator's office, revealed prificant changes in her g type behavior. Continued the resident had received rvices, however had since			

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA IX2 MATIPLE CONSTRUCTION (X3) DATE SLIRVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A HUMDING: H WING 01/15/2016 TNOTOL NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 332 RIVER ROAD BROOKEWOOD NURSING CENTER, INC DEGATUR, TN 37322 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OCHAPORTE DATE SUMMARY STATEMENT OF DEFICIENCIES PRICES PROFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY N 424 N 424 Continued From page 66 been discharged due to the resident's cognitive status. She was now no longer able to participate in physical therapy. Continued interview revealed the Rehab Director stated could never say she would be safe ambulating by herself ... Interview and review of facility fall investigations and RCA reports with the DON on 1/15/15 at 11:05 AM, in the Administrator's office, confirmed the resident was assessed on admission and. again in October as required the assist of one person for ambulation. Continued interview confirmed the resident was assessed as being a high risk for falls. Continued interview and review of facility fall investigations and RCA reports confirmed the DON was aware the resident had multiple fells (a total of 15 falls). Continued interview confirmed the facility had failed to ensure an effective falls prevention program was put in place to prevent future falls or injury to the resident. Continued interview confirmed the facility had failed to initiate new interventions to protect the resident from injury from falls. Further interview confirmed the current interventions: which had been inklated have not been effective in preventing or reducing the number of falls: In summary, Resident #40 had 15 falls between July 19, 2019, and January 8, 2016. There were 9 falls with no new interventions added to the Care Plan after the fall, in consideration of the lack of individualized interventions and monitoring to prevent falls, the facility falled to protect Resident #40 from falls. The four residents reviewed each had multiple falls and each resident suffered at least one injury requiring medical intervention for falls. The facility falled to complete an RCA investigation timely after each individual fall to determine the

and Plai	NT OF CEPICIENCIES YOF CORRECTION	(X1) PROVIDERSUPPLIERCI IX IDENTIFICATION NUMBER TNG101	A. BLALERING	CON.	e suivey
. 70	emodices of sufficience c	ENTER, INC 332 RIVE OECATU	- make	STAVE ZIP GÖDE	15/2016
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	individualized appirate cause for each revealed they most information from it were not a true roo continued to put into proven to be ineffer each enter continued to put interventions in place to functioning when it prevent falls, and to interventions were implement interventions were implement interventions with comemory problems. 1200-8-6-06(1)(a) (1) Performance in an effective, facility improvement progrand performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance o	nd to implement an opriste intervention relevant to fall. Review of the RCA's tollen reiterated the same in Incident/Accident report, and it cause analysis. The facility terventions in place which had ctive examplified by the g to have falls with those ce. The facility failed to have a ensure alarms were sey were to be utilized to be ensure care planned falls followed. The facility failed to floris which were appropriate outlibre impairment and Basic Services. The must ensure that there is wide performance and the organization.	The state of the s	N 601 1200-8-606(1)(a) Basic Service (1) Performance Improvement 1. The facility implemented an effective performance improvement plan facility wide. A meeting was held by the Administrator with the Medical Director present on 1/20/16 to review the 2567 along with the interdisciplinary team	3 ¹⁷ ' e /
	observation, intervie improvement meetii identify the failure to condition, failed to id revised, failed to ide provided for 3 (#24, investigate injuries.)	w, review of the performance igs, the PI committee failed to notify families of changes in family care plans not being artify wound care not being	T. S	members consisting of: Administrator, Director of Nursing, Assistant Director of Nursing, Social Services Director, Business Office Manager, Dietary Supervisor, Housekeeping Supervisor, Maintenance Director, Activity Director MDS Coordinator and the	

etatément of cepiciengies Saurlan of correction	(X1) PHOYIDERSUFFLERICIA IDENTIFICATION HUMBER:	A BUILDING	E CONTRICTION	CONF	FELED
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appropriate and a placed. This place #40, #47, #76, in detrimental to the detrimental to the The findings including including the findings including the Med Wednesdays for "I make an effort Continued interviews unsure of he improvement Me past year or if the learn met month continued and will information was problems the Me facility needs modificated from the DCR wound care treat ordered. Continued interview revealed the DCR wound care treat ordered. Continued interview reveale this problems the Me facility needs modified from the failure to follow the failure to failure the failure the failure the failure the failure the failure the failure the failure	ng investigated thoroughly with individualized interventions ed Resident #23, #24, #26, #34, an environment which was all health, safety, and welfare. I ded: Medical Director on 1/13/18, at Director of Muses office, licel Director was available on any concerns of the staff stating, to see every resident that day The revealed the Medical Director with many performance ettings he had altended in the approximance improvement by or quarterly. Interview ion asked if he steered the the said, "Oh no" Interview ion asked how and from where thawn to help identify global dical Director responded, "This		Rehabilitation Manager of failure to notify families of condition, failure to identify and persidents, failure to invest failure to identify and persidents, failure to invest failure to identify and persidents with injury and failure falls not being investigate and with appropriate and interventions. Discussed as a result of the annual structured 1/10/16-1/15/1. On 1/15/16, for resident wounds were treated imported by the Corporate 1/20/16. On 1/12/16, resident #76 were changed immediate treatment nurse and the documented on the Treatment documented by the Licensed Practical Nurse per Medic order and treatment documented on the Treatment Record. The Practical Nurse per Medic order and treatment Record. The Treatment Record. The Treatment Record.	of changes in tify care plans to identify ovided for 3 tigate injuries, event recurring to identify ad thoroughly individualized facility status survey that 6. #24, the 2 mediately and nented by the with the ed. Family was Nurse on dressings by the procedure was ment Record, thad wound tensed cal Director umented on	22 B C C C C C C C C C C C C C C C C C C

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BROOKEWOOD NURSING CENTER, IND BECATUR, TH 37322 AND DECATUR, TH 3	STATEMEN	OF DEFICIENCIES	(XI) PROVIDER OUT LERICLA. IDENTIFICATION NUMBER	A. EXCILINAC	20-07-14-2-17-4-2-2-2-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	COMPLETED COMPLETED
PREFIX PAGE DECARTOR, THE STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET PROVIDERS PLAN OF CONTRECTION PREFIX PAGE AND STREET PLAN OF CONTRECTION RESIDENCE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET PROVIDERS PLAN OF CONTRECTION PREFIX PAGE AND STREET PROVIDERS PLAN OF CONTRECTION PREFIX PAGE AND STREET PLAN OF CONTRECTION DECARDATE THAT STREET PROVIDERS PLAN OF CONTRECTION PREFIX PAGE AND STREET PLAN OF CONTRECTION DECARDATE THAT STREET PROVIDERS PLAN OF CONTRECTION PREFIX PAGE AND STREET PROVIDERS PLAN OF CONTRECTION PREFIX PAGE AND STREET PLAN OF CONTRECTION DECARDATE THAT STREET PROVIDERS PLAN OF CONTRECTION PREFIX PAGE AND STREET PLAN OF CONTRETE DESCRIPTION DECARDATE THAT STREET PROVIDERS PLAN OF CONTRECTION PREFIX PAGE AND OF THE APPROPRIZE DEFICIENCY DECARDATE THAT STREET DESCRIPTION DECARDATE THAT STREET PROVIDERS PLAN OF CONTRETT PLAN OF CASH STREET PLAN OF CONTRETE DESCRIPTION DECARDATE THAT STREET DECARDATE THAT STREET DECARDATE THAT STREET Allowed only 1 more dressing change before the resident passed away on 1/17/16. The resident was on hospice care and was terminal. FOR Incident reporting, the Corporate Nurse completed a 100% audit. The audit revealed 34 family members had not been notified regarding incidents. A letter was sent on 1/20/2016 to any family found not to have received notification. Social Services Director also followed up with a phone call to confirm family notification had been achieved. 2. All residents have the potential to be affected by the deficient practice. Reduction was completed by the Administrator's office, revealed the DON developed " a plan of correc		water the same of	I TN6101	B. WING		01/15/2016
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fells were not being investigated thoroughly with appropriate and individualized interventions placed. This placed Resident #23, #24, #26, #34, #40, #47, #76, in an enviornment which was detrimental to their hisalin, safety, and welfare. The findings included: The findings included: The findings included: The findings included: Interview with the Medical Director on 1/13/16, at 10,25 AM, in the Director of Nurses office, revealed the Medical Director was available on Wednesdays for any concerns of the staff stating. The major of how menty performance improvement Meetings he had attended in the past year of if the performance improvement team met monthly or quarterly. Interview continued and when asked how and from where information was drawn to help identify global problems the Medical Director responded. This facility needs more resources. Interview with the Director of Nurses (DON) on 1/15/16 at 12/32 AM, in the Administrator's office, revealed the DON had confinited interview revealed the DON developed — a plan of correction. To address the failure to follow wound care policies. Further interview revealed the DON accompleted inserview revealed the DON had completed interview monthly or continued interview revealed the DON developed — a plan of correction. To address the failure to follow wound care policies. Further interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed interview revealed the DON had completed in	PREFIX	PEACH DEFICIENT	TAUST BE FRECEDED BY FLAL	PREFER	CACH CORRECTIVE ACTION SHOULD OROSS-REFERENCED TO THE APPROXI	THE COUPLETE
regarding wound care policies. Further interview confirmed the DCN was responsible for conducting audits on treatment records to ensure wound care orders were being followed. Continued interview confirmed I was not aware.	The state of the s	falls were not bein appropriate and in placed. This place #40, #47, #76, in a detrimental to their the findings including the revealed the Media Wednesdays for a "I make an effort to Continued interview was unsure of how improvement Meet past year or if the place year or if the place year or if the place year or if the place year or if the place year or if the place year or if the place year or if the place year or if the place year or if the place year or if the problems the Medifacility needs more interview with the if 1/15/16 at 3:32 AM revealed the DON wound care treatment ordered. Continued developed "La place the failure to follow interview revealed inservices for nursing November 2015 to regarding wound or conducting audits of wound care orders."	g Investigated thoroughly with dividualized interventions of Resident #23, #24, #26, #34, in enviornment which was health, safety, and welfare. Ided: Medical Director on 1/13/16, at lifector of Nurses office, bal Director was available on my concents of the staff stating, or see every resident that day" In revealed the Medical Director many performance improvement or quarterly. Interview in asked in the steered the ne said, "Oh no" Interview in asked how and from where awn to help identify global cal Director responded, "This resources." Director of Nurses (DON) on in the Administrator's office; had identified in October 2015 ents were not being done as d interview revealed the DON in of correction" To address wound care policies. Further the DON had completed in October and re-educate nursing staff in October and re-educa		allowed only 1 more dressing of before the resident passed awa 1/17/16. The resident was on his care and was terminal. For incident reporting, the Corp Nurse completed a 100% audit. audit revealed 34 family member not been notified regarding incided leading found not to have received notification. Social Services Diralso followed up with a phone of confirm family notification had be achieved. 2. All residents have the potential affected by the deficient practice education was completed by the Administrator, Director of Nursing 1/1 1/29/16 regarding notification or families on change of condition, plans not being revised, wound of being provided per physician ordification and failure to investigate injuries, fail identify and prevent recurring failury and failure to identify falls being investigated thoroughly an appropriate and individualized	hange ly on ospice Forate The ers had dents, to any ed ector all to been al to be e. Re- eng, and 14/16- f care care care not ler, lure to lls with not

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The fol g. winds STORES ANDRESS. GITY. STATE, \$20000 AND DESCRIPTION MARKET STATE, \$20000 AND DESCRIPTION MARKET STATE STATE STATE, \$20000 SUMMARY STATEMENT OF DEFORMACE. PROVIDER DISCOUNTY ONLY OF PROPERTY OF DEFORMACE. PROVIDER DISCOUNTY ONLY OF PROPERTY OF DEFORMACE. PROVIDER DISCOUNTY ONLY OF PROPERTY OF DEFORMACE. NO. 601 N. 601 N. 601 Continued Pricary page 68 falls were not being investigated thoroughly with a parcoparate and andividualized interventions placed. This placed Readcant #23, #24, #26, #34, #40, #37, #76, in an environment which was detrimental to their health, safety, and welfare. The findings included: The findi		Division of Health Care Fa	cilities	continue to the		LOWW WELKOVED
NAME OF PROVIDER OR SUPPLIES BROOKEWOOD NURSING CENTER, INC DECATUR, TW 37322 DAILD SAME CENTER OR DECAMBLE STREET AND THE SAME SEP CODE SAME PROVIDER OR SUPPLIES DECATURE, TW 37322 DAILD SAME STREET AND THE SAME SERVING THE SAME SEP CODE SAME STREET ROAD DECATURE, TW 37322 DECAMBLE STREET AND THE SAME SERVING THE SAME	-	STATEMENT OF DEFICIENCIES AND PLAM OF GONRECTION	IDENTIFICATION NUMBER	A BUILDING	and the state of t	COMPLETED COMPLETED
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Microscopy of the performance improvement team met mortified and and when asked if he stered the committees when the being the performance improvement team met mortified and when asked if he stered the committees when the being the performance improvement team met mortified and when asked if he stered the committees when the being done as ordered. Continued and when asked in the other and an attentified in October 2015 wound care treatments where not like the DON developed "s plan of correction" to address the finiture to follow woind care policies. Further interview with the DON had completed inservices of marsing staff in october and Nevember 2015 to re-aducate nursing staff in grantifined when the other interview with the DON was responsible for nursing staff in october and Nevember 2015 to re-aducate nursing staff in granting the woon of the policies. Further interview confirmed the policy staff in october and Nevember 2015 to re-aducate nursing staff in granting the proposal and individualized interventions.		EROCKEWOOD NURSING C	ENTER, INC 332 RIVE DECATU ATEMENT OF DEFICIENCES OF MUST BE ARRESTED BY SIST	R ROAD R. TN 3732:	PROMOER'S FLAN OF CORRECT.	1 - 2000
issifes were not being investigated thoroughly with appropriate and individualized interventions placed. This placed Resident #23, #24, #34, #34, #40, #47, #76, in an environment which was detrimental to their health, safety, and welfare. The findings included: Interview with the Medical Director on 4/13/16, at 10:25 AM, in the Director was available on Wednesdays for any concerns of the staff stating, "I make an effort to see, every readled the Medical Director was available on Wednesdays for any concerns of the staff stating," I make an effort to see, every readled the Medical Director was available on Wednesdays for any concerns of the staff stating, "I make an effort to see, every readled the Medical Director was unsure of how many penformance improvement learn met monitify or quarterly. Interview continued and when asked the ward from where information was drawn to field identify global problems, the Medical Director of Nurses (DON) on 1/15/16 at 9:32 AM, in the Administrator's office, raveled the DON had identified in October 2015 wound care teatments were not being storic as ordered. Continued interview revealed the DON had completed inservices for nursing staff in October and November 2015 to re-aducate hursing staff regarding wound care policies. Further interview continued the DON had completed inservices for nursing staff in October and November 2015 to re-aducate hursing staff regarding wound care policies. Further interview continued the DON was responsible for the part of the performance would be administration of family and Medical Director. The incident reports are also reviewed for appropriate and individualized interventions.		TAG: RECRULATORY.OR	TEC MENTIFYING INFORMATION!		CROSS-REFERENCED TO THE APPRO	PENATE DATE
conducting audits on treatment records to ensure wound care orders were being followed. Continued interview confirmed I was not aware. Care plans are updated reflecting current status of residents by the MDS		falls were not bein appropriate and in placed. This place #40, #47, #76, in a detrimental to their The findings included interview with the 10:25 AM, in the Drevealed the Medic Wednesdays for a "I make an effort to Continued interview was unsure of how improvement Meet past year or if the pleam met monthly continued and whe committee's work is continued and whe information was draproblems the Medicacility needs more interview with the Continued care treatment ordered. Continued developed "a plant the failure to follow interview revealed to follow interview revealed inservices for nursing November 20:15 to regarding wound care orders."	g investigated thoroughly with dividualized interventions of Resident #23, #24, #26, #34, an enviornment which was thealth, safety, and welfare. Medical Director on 1/13/16, at frector of Nurses office, and Director was available on my concerns of the staff stating, was every resident that day" In revealed the Medical Director many performance improvement or quarterly. Interview in asked if he steered the ne said, "Oh no" Interview in asked how and from where awn to help identify global cal Director responded, "This resources." Director of Nurses (DON) on in the Administrator's office, had identified in October 2015 ents were not being done as a interview revealed the DON of correction" to address wound care policies. Further he DON had completed in Staff in October and re-educate hursing staff ire policies. Further interview was responsible for a treatment records to ensure were being followed.		initiated 1/14/16 and complete 1/29/16. A Certified Nursing and a Registered Nurse returned leave and were in-serviced on notification of change in condicare plans not being revised, we care not being provided per phorder, failure to investigate injury, and to identify falls with injury, and to identify falls not being invest thoroughly and with approprial individualized interventions. 2/22/2016 before taking an assential Attachment #22,18,23,24,16 The Medical Director also revicharts for resident #23, 24, 26, 47, and 76. 3. Monthly Quality Assurance are held with the Medical Director and individualized interventions are in morning meeting for compliantification of family and Medi Director. The incident reports reviewed for appropriate and individualized interventions. Care plans are updated reflecti	Assistant ed after a lition, yound hysicians uries, failure stigated ste and signment. Iewed , 34, 40, Meetings ctor orts were e on eviewed ance with ical are also

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N 601	Continued From p	age 68	N 601	Nurse during the clinical meeti	ng and
- 111	falls were not help	g investigated thoroughly with	1	prn as required by condition ch	nange.
	appropriate and in	dividualized interventions	į	p/// de sequences	-
	placed, This place	d Resident #23, #24, #26, #34,		The Assistant Director of Nursi	ng
		m enviornment which was		reviews the medication record	
	detumaniarió men	health, salety, and welfare.		treatment records, skin care si	
	The findings include	ligo);	11	are completed by the Certified	d Nursing
				Assistant and the weekly would	
		Medical Director on 1/13/16, at		that is completed by the Treat	
1.4		lirector of Nurses office, cal Director was available on		Nurse to ensure compliance d	
		ny concerns of the staff stating,	* \$		
		see every resident that day_"		Monday-Friday. On Monday minformation is gathered for re	
		w revealed the Medical Director		follow-up during morning mee	
		rmany performance	1	follow-up during morning med	ring
		lings he had attended in the performance improvement		lucidous societas recording	ialla aro
		or quarterly, interview		Incident reporting regarding	dus are
	continued and whe	in asked if he steered the		assessed for appropriate and	landay
		he said, "Oh no" Interview	į	individualized interventions M	
		ni asked how and from where awn to help identify global		through Friday by the interdis	
	problems the Med	cal Director responded. This		team consisting of the Admini	
	facility needs more			Director of Nursing, Assistant	
,		1	}	of Nursing, Social Services Dir	
	interview with the t	Director of Nurses (DON) on	ļ	Business Office Manager, Acti	νιτγ
3	revealed the DON	l, in the Administrator's office, had identified in October 2015	İ	Director, Dietary Supervisor,	
	Wound care treatm	ents were not being done as		Housekeeping Supervisor, Ma	
	ordered, Continue	d interview revealed the DON	1	Director, MDS Coordinator an	
		n of correction to address		Rehabilitation Manager. Utiliz	ing
28	the failure to follow wound care policies. Further interview revealed the DON had completed inservices for nursing staff in October and		monitoring tools which were	32	
(2) [4]			implemented to monitor com	pliance.	
		re-educate nursing staff	3	Attachment #19,20	
33 G	regarding wound c	are policies. Further interview I was responsible for		During off hours and	
	conducting audits of	on treatment records to ensure.		weekends regardless of shift	anv
	wound care orders	were being followed.	į	incident resulting in injury, a	•
	Continued interview	v confirmed "I was not aware.		k aremeur resolutik in stilnik's	2026 OL

Statement Wid Plan (TOF DEFICIENCIES DE CORRECTION	IXI) PROVIDER SUFFLERICLE. IDENTIFICATION NUMBER: TN6101	e wika	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 01/15/2016
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. The second of the second of	falls were not bein appropriate and in placed. This place #40, #47, #76, in a detrimental to their the findings including including facilities with the 10.25 AM, in the Drevealed the Media Wednesdays for a "I make an effort to Continued interview was unsure of how improvement thee past year or if the plast year or if the plast year or if the plast year or if the plast year or if the plast year or if the plast year or if the plast year or if the plast year or if the plast year or if the plast year or if the plast year or if the plast year or if the plast year or if the plast year or if the plast year or if the plast year or if the plast year or if the problems the Media information was drevealed the DCN wound care treatmed inservices for nurs November 2015 to regarding wound confirmed the DCN conducting audits owned care orders	g investigated thoroughly with dividualized interventions d Resident #23, #24, #26, #34, in enviornment which was health, safety, and welfare. Medical Director on 1/13/16, at irector of Nurses office, cal Director was available on my concerns of the staff stating, a see every resident that day" In revealed the Medical Director reany performance lings he had attended in the performance improvement or quarterly. Interview on asked if he steered the he said, "Oh no" Interview on asked how and from where awn to help identify global ical Director responded. "This resources." Director of Nurses (DON) on I, in the Administrator's office, had dentified in October 2015	N 601	suspected abuse or injury of origin will be called to the Di Nursing and/or Administrato immediate action. Incidents serious in nature requiring a will be Immediately called to orders to transport. Nurses are instructed in case DON/Administrator/MD can reached to initiate 911 call the continue to try to contact about incident reports not resulting harm will be completed and to the Director of Nursing duscheduled clinical meeting. Asserviced on the fall procedure posted at Nurses Station. Attachment# 5,16 Charge nurse on A Hall is resensure all monitoring forms, reports, and other data requiplaced in Director of Nursing next morning meeting. All incidents of serious natural falls with injury, abuse allegations.	rector of r for that are visit to ER the MD for not be nen ove. g in actual turned in nring next All nurses in re and ponsible to incident ired is 's box for

end rean	OP CORRECTION OP CORRECTION	(XI) PROVIDER/SUPPLER/CLIA ICENTIFICATION NUMBER	A BUILDONS	LE CONSTRUCTION	COMPLI	SLED CELLED
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wase of F	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY,	STATE, DE GODE	101	
ROOKE	Wood nursing c	ENTER, INC 332 RIVE	r road E, Tw =7322			
(X4) ID PREFIX TAG	fescucarory on the fescucarory on the falls were not being appropriate and implaced. This placed #40, #47, #76, in a detrimental to their The findings including interview with the following for an The findings including for an The findings including for an The findings including the Medic Wednesdays for an The finding find the Continued interview was unsure of how improvement Meet past year or if the please met monthly continued and whe committee's work is continued and whe continued and whe information was draproblems the Medic facility needs more interview with the Continued the DON I wound care treatment ordered. Continued developed "a plant the failure to follow interview revested to regarding wound care confirmed the DON I regarding wound care conducting audits of con	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FLAT LSC (DENTIFYING MEORMATION)	PREFIX TAG	PROMOTES ELAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS REFERENCED TO THE APPRI DEFICIENCY)	LD 8E	OOMPLE DATE
N 601	W/ 301 N 8	*	N 601	will be called to Administrator	WW. 2010 2020	
1		being investigated thoroughly with ad andividualized interventions laced Resident #23, #24, #26, #34, in an environment which was their health, safety, and welfare. It has been been a fire of the safety and welfare. It has been been of the staff stating, out to see every resident that day" In section of the staff stating, out to see every resident that day" Inview revealed the Medical Director how many performance improvement the performance improvement when asked if he steered the ork he said, "Oh no" Interview when asked how and from where he drawn to help identify global Medical Director responded, "This nore resources,"		Director of Nursing by nurse		
18	placed. This place	d Resident #23, #24, #26, #34,		affected hall to inform and se		
:	#40, #47, #76, in a	h enviornment which was		guidance as to what further st	-	
	Section of states	recount salety, and westere.	¥d	to be taken to ensure safety o	f resident	
3	The findings included: Interview with the Medical Director on 1/13/16, at 10:25 AM, in the Director of Nurses office, revealed the Medical Director was available on Wednesdays for any concerns of the staff stating, "I make an effort to see every resident that day"		and follow facility protocol. Th	nis		
ě			includes calling physician, sen	ding out	91	
1			to ER, notification of responsil	_		
1		ıg.	etc. Administrator/Director o			
			will make determination at the	-	TIP.	
1	Continued interview	w revealed the Medical Director	Medical Olrector	further action is necessary or		
1	was unsure of how	many performance		will be discussed during next s		
(1)	past year or if the p	to see every resident that day ew revealed the Medical Director nv many performance ettings he had attended in the performance improvement		morning meeting. If a respons		\$0
ž	continued and who	in asked if he steered the		is called with no response, th	ree	
i	committee's work t	ne said, "Oh no" Interview		attempts will be made to rea	ch the	
	Information was dra	awn to help identify alobeit		responsible party leaving a m		
ĵ	problems the Medi	cal Director responded, "This		return the call each time.	ж	
	Interview with the C	Director of Nurses (DON) on				
	1/15/16 at 9:32 AM revealed the DOM !	, in the Administrator's office, had identified in October 2015		4. Corporate nurse will be in		
1	wound care treatme	ents were not being done as		weekly x 4 weeks then month		
1	ordered. Continues	d interview revealed the DON	147	months then quarterly. All m		
1	the failure to follow	wound care policies. Further		Will be reviewed during QA m		
	interview revealed t	he DON had completed	125 j	monthly x 3 months then qua year.	rterly x 1	
1.	nservices for norsil November 2015 to	ng staff in October and		year.		
0.1	regarding wound ca	are policies. Further interview ?		The QA Committee consists o	f the	
- 10	confirmed the DON	was responsible for		Administrator, Director of Nu		
	conducting audits o	in treatment records to ensure		Assistant Director of Nursing,	Social	
	Charles marries Mischerfer,	ound care orders were being followed. Intimued interview confirmed "! was not aware				

	Division of Haath Care Fac Statement of Deficiencies and Stan of Connection	(X1) PROVIDERSIFFLERICIA DENTIFICATION MINISTR: TNG101	B' MING V BRIIF DRAS	- Marie Co	ATE SURVEY DUPLETED DIMIS/2016
	NAME OF PROVIDER OR SUPPLEM	STREEY A	DORESS, CIVY, ER ROAD R. TN: 37322		100
-	ADDITION DESCRIPTION OF THE PARTY OF THE PAR	rec identifying allosmations cympat de hisceped balling ymbhent of deliciencies	PRICES PAGENX TAG	PROVIDERS FAAN OF CORRECTION (EACH COMPECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROVIMENTE DEFICIENCY)	DATE DATE CKD
The state of the s	appropriate and in placed. This place #40, #47, #76, in detrimental to the The findings included interview with the 10:25 AM, in the revealed the Med Wednesdays for Timeke an effort Continued interview was unsure of holimprovement Merpast year or if the team met months continued and whinformation was committee's work continued and whinformation was continued and whinformation was continued and whinformation was continued and whinformation was continued and whinformation was continued and whinformation was continued and whinformation was continued and the DOI wound care treat ordered. Continued the DOI interview reveale inservices for nur November 2015 regarding wound conducting auditional conducting auditional conducting auditional conducting auditional conducting auditional conducting auditional conducting auditional care crude.	ng investigated thoroughly with sdividualized interventions of Resident #23, #24, #26, #34, an enviornment which was it health, safety, and welfare. ded: Medical Director on 1/13/16, at Director of Nurses office, lost Director was available on any concerns of the staff stating to see every resident that day we revealed the Medical Director w many performance ethings he had attended in the eperformance improvement or quarterly. Interview wen asked if he steered the he said, "Oh no" Interview wen asked how and from where trawn to help identify global dical Director responded, "This		Services, Activities, MDS Coordinate Business Office Manager, Dietary Manager, Housekeeping Supervisor Maintenance Director, Therapy Manager and Medical Director.	i.

AND PLA	ENT OF CORRECTION	(XI) PROVIDERSUFFCERCLIX IDENTIFICATION NUMBER THE 101	A. BURDING	LE COMPTRUCTION	COM	Stravey PLETED 16/2016
BROOK	FPROVIDER OR SUPPLIER (EWOOD NURSING CE	NTER, INC 332 RIVE	Oress City R. ROAD R. TN 3732	AJVIE SIN CINE	1 411	SWZU, S
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N 60	Interview with the D in the Administrator facility's Performant met in January 2015. September 2015 is DON would not comwhen the work of the Interview with the Administrator's reconvened the performed in Septem confirmed in Medic Informed of the meet Wednesdays when I thought be "may have meetings in septem confirmed in the Medic Informed of the meet Wednesdays when I thought be "may have meetings in septem when esked how feeting identified and did not answer the spreadonded, "It is gold	ON on 1/15/16 at 10:00 AM, soffice, confirmed that is improvement committee and did not meet again until nterview continued and the ment on the 6 month interval a committee was not originally and she assumed on August 2015 and original provement or August 2015 and original provement ber. Further interview all Director had been tings, they were held on its was in the facility, and she is attended one of the four. Interview continued and, lilty-wide problems were addressed, the Administrator pecific question but to take time"	N. GO.	N615 1200-8-606(2)(d)3.8as Services (2) Physician Services It is the policy of this facility that the Medical Director reviews all accidents/unusual incident reports that occur at the facility, identifying hazards to health and safety and recommends corrective action to the Administrator as issues are identified. Resident #34 incident was self-reported on 12-28-15 by facility. On 12-24-15 Left foot/ankle assessed by nursing with no bruising, open areas or swelling was noted. X-ray was ordered and done, report	sic	3/11
The second secon	Medical Director shall Review reports of incidents occurring or	Basic Services stor shall be responsible for	N 815	stated "Small non-displaced fracture in the inferior tip of the medial malleolus. Medical Director was notified of the x-ray results and orders received for non-weight bearing until further notice and referral to orthopedist. Due to Christmas/New Years Holiday appointment was unable to be	0	

Statement of Deficiencies AND FLAN OF CORRECTION	(XI) PROVIDERS INPLEMENTA IDENTIFICATION MUNICIPER:	A BUILDING	E CONSTRUCTION	COUPLETED
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documentation, mei observation, and intersure the medical implementation of minvestigate injuries of ensure an appropria was implemented to having multiple falls facility's fallure place #26, #34, #40, #76, determental to their I The findings include Review of facility polyresident abuse, negli source shall promptly facility managements approached incident of mistreatment, neglei source be reported.	the administrator: It as evidenced by: Itaal record review, Itaal record review, Itaal record review, Itaal record review, Itaal record review, Itaal record review, Itaal record review, Itaal record review, Itaal record residents to Itaal to the tall intervention program Itaal prevent residents from and injuries with falls. The and seven residents (#23, #24, and #77) in an environment to seven residents (#23, #24, and #77) in an environment to seven residents (#23, #24, and thoroughty investigated	N 615	obtained with orthopedist until January 14, 2016 @ 10:20am where resident received order for weight bearing as tolerated. Interview on 1/23/2016 by Corporate Nurse: Resident stated she did not believe CNA did it intentionally. Sometimes resident forgets to or cannot hold foot up and foot drops. Resident states when injury occurred her foot dropped and she yelled "My foot." Corporate Nurse asked if the CNA stopped and resident stated "yes" but not before hel foot was under the wheelchair. Resident stated she did not like to have the foot rest on because she can propel herself with her feet. Resident stated	1.
designee, will appoint to investigate the ali- review of the facility. The individual condu	it a member of management god Incident" Continued abuse policy revealed, "3. cling the investigation will, as go the resident's medical	The second secon	she understands the need now but still doesn't like it. 1/23/2016 Corporate Nurse	
record to determine incidento. Interview incidento. Interview incidento. Interview appropriate)g. Interview	events leading up to the the person(s) reporting the any witnesses to the the resident (as medically view staff members (on all contact with the resident	The second secon	spoke on phone with CNA regarding her events of what happened and matched resident #34 statements. CNA stated when she started	

TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION	(XX) PROVIDERSUPPLIERSULA IDENTIFICATION NUMBER TN6101	DESTABLISHED OF THE STREET	E CONSTRUCTION	СС	SURVEY LETED
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interview the residents and visioners, and visioners, and visioners, and visioners, and visioners, and visioners, and visioners, and visioners reports at Witnesses will be reports" Medical record revialments of the facilitated on 2/6/15 an ADL (Activities of performance deficing mobility, morbid ob disorder. Intervent ambitiate, wheeld focumentions Medical record revialed to destinations Medical record revialed to destinations Medical record revialed to destinations Medical record revialed to destinations Medical record revialed to destinations Medical record revialed to destinations Medical record revialed to destinations	of the alleged incidenth. ent's recommate, family forsi. Interview other well events leading up to the Further review revealed; "5. louid be obtained in willing, equired to sign and date such iew revealed Resident #34 was lifty on 6/12/14 with diagnoses isorder, Diabetes Mellitus, Chronic Palo, Convulsions, d Depressive Disorder, iew of the resident's care plan evealed, "the resident has a Daily Living] self-care I retailed to J decreased		pushing resident she told resident to hold her foot up started pushing her. CNA stated when resident said "Foot" she stopped and place her leg back on foot rest. Staten proceeded to push resident to activity room to bingo. States resident never complained of pain during time. On 1/25/16 all Nursing Staff were in-serviced on proper wheelchair propulsion by Therapy Manager. In-service continued by Therapy Manager and Assistant Director of Nursing until all staff were inserviced. No nursing staff wallowed to return to the flountil in-service was completed. Attachment #25 1/25/2016 Corporate Nurse spoke to Therapist and it we decided at that time to use Velcro straps to leg rest as intervention in securing affected leg to leg rest to prevent leg from slipping or	My ed ne play er that f es ager in- /ere or ted.	THE PROPERTY OF THE PROPERTY O

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		TNG101	6. Wring	- Warrant Control of the Control of	834	15/2016
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N-615	Continued From p	age 72	N 615:			
14 10 00	renort on 12/24/1	5 stated small nondisplaced		rest. Resident understands		
	fracture in the info [boney prominent	wor tip of the medial malleolus		need for the straps.		
	British bi cutin ken	or on true selected		CNAs instructed not to attem	pt	
5	Medical record re-	view of a nurse's note deted	To the second	to push resident without usin	Ŕ	
3	12/24/15 and time	d 9:00 AM revealed,		these straps on 1/25/2016 by	.	İ
3	main Perid frace	omplein of Liteft foot/ankle ved order for x-ray to L		Therapist and Corporate Nurs	e.	
!	Toovankle.	isaci order ior x-198 fort		1		
i		Lait and see		1/25/2016 Care plan was		
Ī	Medical record re-	dew of the X-ray report dated		updated by MDS coordinator		
į	in the inferior to a	, " small nondisplaced fracture f the medial malleolus"	į	and intervention added to		1
1		G 0 9 W		include: Wheelchair primary		
ì	Medical record rev	New of a murse's note dated	į	mode of locomotion, propels,	8	1
	12/24/15 and time	d 12:00 PM revealed, "Rec'd		staff often push to destination	s.	ĺ
ĺ	fracture in the inte	ot/ankle-small nondisplaced for tip of the medial maileolus		Sometimes wears strap on left		
1	Spoke with freside	int's physician), rec'd orders to		foot to assist in keeping foot o	n	
į	make appointmen	with forthopedic physiclant for		foot rest. Staff were informed		
1	gruio forthopedici	consult. Patient to be		not to push resident in		
1	isole-residin mamin	g until further notice"		wheelchair without using foo	t	1
1	Interview with Res	Ident #34 on 1/11/16 at 2:20		rests and straps.		
i	PM in the Activity	Therapy Room, revealed the		From 1/35/2016 5	,	
1	resident did not re	member an exact date or which	ĺ	From 1/25/2016 forward there	1	1
Į.	nushing the reside	sistarit (CNA) had been nt in her wheelchair. However		were no further injury to		
Ĭ,	the resident stated	when she was being pushed.		resident #34 as foot was being		
Í.	the resident believ	ed she put her foot on the floor.		maintained safely during w/c	8	
ļ.	her loot"got stud	k* and the wheelchair kept		transport and propulsion.		
Į.	helieved that were	aview revealed the resident he cause for the fracture to her		3/2/2016 Paridon diam		
L.	ankle. Continued	nterview revealed the resident		3/2/2016 Resident discharged	ı to	
1.	was non-weight be	aring status and had an		another skilled nursing facilit	y . i	
l.	appointment with a	in critiopedic doctor scheduled.		Resident # 26 has positioning	(0)	
i	Continued interview	ocalimed no one from the		device currently to maintain		
1	sacility use intervie	wed her related to the incident.		alignment of affected hip	# /	
1;	Improvious with the f	Director of Mursing (DOM) and	E w	S Tr wirecten flip		l .

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	STATEMENT OF DEFICIENCIES AND FLAN OF CORRECTION	OCH PROVIDER/SUPPLIER/CLIA IDENTIFIC/GTION NUMBER	A BUILDING	LE CONSTRUCTION.	(X3) EATE	PEIED
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	KAME OF PROVIDER OR SUPPLIES BROOKEWOOD NURSING C	ENTER, INC S32 RIVE DECATUR		THE RESERVE THE PROPERTY OF TH		192019
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	DON's office; rever Administrator "di in a "morning me Further interview in discussion	/14/16 at 11:11 AM, In the aled the DON and scussed. "The resident's injury setting and in Risk meeting" evealed, "based on that ned" the injury was caused by opelling herself in her sellway. Continued interview of that a similar injury in lich the results of the facility's lied the cause of that injury was pectals in the resident's resident's resident's foot was caught on relinitar injury. Continued I neither the DON, my other facility staff lident or staff members of unknown origin. Continued I the facility falled to conduct the Injury of unknown origin facility policy on investigating a origin. ew revealed Resident #26 was 5 with diagnoses including	N-615	fracture as seen by Corporate Nurse on 1/23/2016. From 1/23/2016 forward the resident continued to be noncompliant with leaving the positioning device in place. All staff were aware to watch for this and to reinsert the positioning device as soon as it was noticed. It was observed to Director of Nursing, Assistant Director of Nursing and Therapist that device was being replaced as needed. Restorative CNA and charge nurse were educated on proper turning and repositioning of his fracture resident using log roll method by Therapist on 1/22/2016. Beginning 1/22/2016 thru 2/22/2016 All nursing staff were in-serviced by Therapist and Assistant Director of Nursing on the proper log roll	t Py Ber	
	out of sacket?" Medical record revites phone order date	ew of the physician's led 97715 revealed, "Send to or evaluation and treatment of		technique for patients with his fractures before they were allowed to take the floor. Attachment #15		

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STATEME!	NT OF DEFICIENCIES OF CORRECTION	IXI) PROVICENSIA PROCEIN IDENTIFICATION NUMBER TN6101	A BUILDING		877120	a eteb
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	Physical dated 9/7 [nursing home] will dislocation. hip rej fracture. This am first staff apparently four immobilizing blocks and deformity exausknown 10:09 E. coursedav [discussedation RT [responded Reduction fraction, manipulate immobilizer Post realignment 11:01 better left leg no in the administrator is adjuncted to Resident on 9/7/16 was not a line incident/Accident Referring to the liceram incident report for [Emergency Room], the administrative in DON as herself, the Nursing], and/or the he 24 Hour Report or incidents. Intervisional for the hospital day incident an incident report for incidents. Intervisional for the hospital day the administrative in the commented on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated by the administrated on the confirmed an incidentificated on the confirmed an incidentificated on the confirmed an incidentificated on the confirmed an incidentificated on the confirmed an incidentificated on the confirmed an incidentificated on the confirmed an incidentificated on the confirmed an incidentificated on the confirmed an incidentificated on the confirme	New of the hospital History and 15 revealed, " arrives from the bivious left hip placement last week for a hip morning) the dayshift nursing and her without some of her is in place and with the hip pain let time of dislocation. Difference and properties and with surgeon, the request 10:54 Procedural irratory tech, at most time left femor using and immobilized with knee eduction film revealed normal Pt [patient] feeling much longer shortened" ON on 1/13/16, at 10:00 AM, is office, revealed the incident #26's emergency room visit aported on an eport. The DON stated, They need nurses I know to initiate if trensfers to the ER. Further interview revealed ursing staff, defined by the ADON [Assistant Director of MDS Coordinator, michilor (Change of Condition Report") lew confirmed the resident's	N-615	Resident had no further injurt to hip through discharge on 2/26/2016 to another SNF. Resident #47 wound assess and dressing changed by Assistant Director of Nursing on 1/11/2016 per MD orders. Treatment to wound discontinued on 1/13/16 by treatment nurse as wound was healed. Director of Nursing began investigation of injury of unknown origin on 1/12/2016 and incident was reported by Director of Nursing to IRS on 1/15/2016. The staff member the Resident stated had caused the skin tear had not worked in facility since 12/23/2015. Resident was discharged to another SNF on 2/16/2016. Resident #24 had their 2 wounds treated immediately on		

cade.

AND PLAN	nt of defreencies of correction	(XI) PROVIDER SUPPLIER CLW IDENTIFICATION NUMBER: TM6101	E WING _	LE CONSTRUCTION	O 1/15/2016
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The second secon	on 1/14/16 at 9.00 office, revealed Rehospital on 9/3/15 surgery without an alignment of the lorequested the rehastated frame of relationary device u. She stated frame of relationary device u. She stated the Cerwere verbally cauli when turning the removing of the left surgical area, " di swellen and red If place" Interview don't usually file and don't know how any nursing document hought the defining" Interview any nursing document interview with the Fon 1/14/16 at 2,45 form crossing the right his appliance to assist from crossing the right interview confirmed replacement at fish Director stateut. "The positioning device wirled to, in essence, from the physical the keep her from being over to her left side.	AM, in the administrator's isident #20 returned from the after a left hip replacement by device to keep the proper wer extremity. Nursing the director to assist. She satisfies the proper wer extremity. Nursing the director to assist. She satisfies the ordered one came in titled Phrise Aldes (CNA's) oned to maintain log rolling estiont. When asked about the sfer to the hipspital for the lip, the LPN stated the lip, the LPN stated the lip, the LPN stated the lip, the LPN stated the incident report unless we injury happened. In this case ormity possibly there from the left possibly there from the left continued there wasn't entation of a deformity and the field when they suspected light about the hip." (chab (Rehabilitation) Director M, in the administrator's sident #26 returned to the preplacement without an with "keeping the resident ght leg over the left leg."	N 645	1/15/2016 by the charge nurse. The wounds were documented as being treated daily from 1/15/2016 until healed or discharged. 1/21/2016 Corporate Nurse compared the TAR to the physician's orders for accuracy. All wounds on TAR matched physician's order. Resident #76 had their 3 wounds dressings changed immediately on 1/12/2016 by the treatment nurse and have been continued to be done daily by either the treatment nurse or floor nurse. Resident #77 had their wound immediately treated on 1/13/2016 as per new physician's order. Family only allowed one more dressing change on 1/15/2016 before the resident passed away on 1/17/2016.	

ANDFLAN	NT OF DEFICIENCIES	(XI) PROMOTENSIA PRINCILIA IDENTIFICATION MARKER	(X2) MULTER A. BUILDING	E CONSTRUCTION	EQUAP COMP	BURKEY LETED
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Neis	Continued From p	áge 76	N615	2) All Residents have the		
Ī	less entaices up wa	SUMMERSING CENTER, INC SUMMERSING CENTER, INC SUMMERS STATEMENT OF DEFORMERS ACH DEPICIENCY MUST BE PRECEDED BY FULL GULLATORY OR LSC PORMIFYING OFFORMATION ITUEN From page 76 or confirmed there was no deformity of the regical hip initially and he stated, "Somehow of the right leg over the tell leg that right" ew with the DON on 1/15/16 at 9:10 AM, in ministrator's office, confirmed the facility is complete an investigation to determine the of the hip dislocation. Imany, interviews with staff revealed g opinions on how the resident sustained injury. The resident did not have the I positioning devices in place on return te hospital or at the time of the injury, all therapy staff had altempted to put in levices to maintain alignment until a device ceived efter being ordered. The facility did inplete a thorough investigation to interwhat caused the injury or how the coursed. Int #47 was admitted on 1/19/2015 from inplate with Diabetes, Parkinson's Disease, intritis with Contracture of Hand Joints, formity of Ankles and Feet. ation of the resident on 1/11/16 at 8:40 per room, revealed the resident lying in vered up to her neck with a blanket.		potential to be affected by the cited deficiency.	1	3
	Interview with the DON on 1/15/16 at 9:10 AM, in the Administrator's office, confirmed the facility did not complete an investigation to determine the cause of the hip dislocation. In summary, interviews with staff revealed differing opinions on how the resident sustained the hip injury. The resident did not have the optimal positioning devices in place on return	All	All residents charts were reviewed by 1/22/2016 by Corporate Nurse and no other	To the second second	Section of the sectio	
			residents with hip fractures in facility at this time.			
**************************************	optimal positioning from the hospital of Physical therapy st place devices to man	devices in place on return r at the time of the injury, aff had altempted to put in sintain altempted to put in	errent/000000000000000000000000000000000000	On 1/15/2016 and 1/16/2016 Skin assessments were done on all residents by Director of Nursing/Assistant Director of Nursing. No new pressure		
į	rear entire a mor	e a morough investigation to	,	ulcers were identified.		
	Resident#47 was a	idmitted on 1/19/2015 from		TARS were reviewed by the Director of Nursing and		
1	Calling States of the Calling of the	Contracture of Hand Irrinte		Assistant Director of Nursing or 1/15/2016 for completion of	 1	
1.4	AM, in ber room, re	wealed the resident lynn by	-	treatments as ordered; all treatments were completed as ordered.		
1	ne much, on 1/11/	dent #47, accompanied by 16 at 10:00 AM, in her room, applied to the left forearm	The second secon	1/21/2016 Corporate Nurse	j	
į	n the resident's room landaged on the lef	DON, on 1/11/16 at 10:00 AM. m, continued the area I forearm was a skin injury I know how or when the skin	- Li name deserting	compared the TAR to the physician's orders for accuracy. All wounds on TAR matched physician's order.		

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The state of the s	AM, revealed, "The sometimes, when gentle I've told the forget I've told the forget I've told the forget I've told the forget I've told the forget It has gone 2 weeks now interview with the I at 3:00 PM, in the I at 3:00 P	ident #47 on 1/11/16, at 10:00 by grab my arms I tell it htarts they get sometimes they add care of me. I have a tarm now from them moving aused the bruise on my left to not happen since. She been sometimes of the been and the ADON on 1/11/16 administrator's office, revealed had not been investigated, ere wasn't any nursing staff.	NG15	3) 1/14/2016 All Nursing stain-serviced by the Director Nursing, Assistant Director Nursing, and Administrator how to properly complete incident reports to include actions required for injurie unknown origin on their shadtachment#24 3) Staff in-service was conducted by the Director Nursing/Assistant Director Nursing/Administrator for a nursing staff on pressure ulprevention of pressure ulprevention of pressure ulprevention of treatments ordered. The charge nurse informed again to chetreatment records for treatments due on their shadteness in-services were completed on 2/22/2016 was RN and CNA returned from leaves. New hires will recet this in-service during orientation by Director of Nursing/Assistant Director Nursing.	of of on s of ift. of ell lcers, ers nts rses eck ift.	

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	foregran, found by I	he Wound Care Norse on		In-service training on Susp		il il
ì	LUCK TO, GIO DOLLI	ave been beened incipited the BVE		Deep Tissue injury wounds		
į.	continued the him is	of been initiated. Interview scidents when the resident's		provided by contracted Cer	tified	1
1	SAME ASS THE LOCATION AND	TO IDUITION OF UNKNOWN AND A		Wound Care Specialist on		
i	SULT WIE DONCH MAR	not followed to report and	1	1/25/12016 for licensed nu	rses.	i
	www.mare	Section Control Section Contro		Attachment #23.		Ţ.
Ā	Interview with the A	definistrator on 1/15/16 at	1	Action Heat #23.		
	a light ones in the Ad	Militare mes office and war and	1	On 1/22/2016 All Nurses and	2 9	
į.	AFFER THE PARTY E FEET AND BALL	Mediately initiated on		CNA'S were instructed on the		
E	Uriknown onoin, ave	esident #47's Injuries of in observation and interview	1	proper techniques for turning	a	
1/8	will kernont har in	tio stated a platf manuar		resident with a hip fracture	-	
10.3	raideed her divide a	nd skin førr during errer by		using the log roll technique by	,	
1	oeing rough and war ADOM on 1/11/16.	s observed by the DON and		the Therapist and the Assistan	1+	
	Process out 44 (1) (6)	,	1	Director of Nursing and is on-		
1	nterview with the Me 10:25 AM, in the Dire	adical Director on 1/13/16, at actor of Nurses' office,		going.		
. 1	cyealed the Medica Mednesdays for any	Director was available on		Attachment #15	1	
. >	www. I make an et	Off to stop enjoyer southant that		1/25/2016 CNAs and nurses		1
1 1	MARKET AND STREET HOLD STREET	PERMIT PRINCIPLE CONTRACTOR CONTRACTOR		were in-serviced on proper an	d l	1
1.00	THE PARCITED BY THE SERVICE	of how many performance gs he had attended in the	1	safe transport of residents	-	
. 13	asi year of it the bei	TOTTOPICE INTROVUES TOTAL		confined to wheel chair by		
1.4	and mot monthly or	Ollastikithe fortexesions	}	Therapist. Assistant Director of	of .	i
	retreathed by the Albert	esked if he steered the said. "Ob noif they identify	į	Nursing and Therapist will	1	1
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th	at many falls."	dated, "I didn't know he had			-	
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investigation had investigate. Interview with the American mass injured with and the policy was investigate. Interview with the American mass investigation into Resident MAT caused her bruise being rough and with Resident MAT caused her bruise being rough and with ADON on 1/11/16. Interview with the American mass in the Director was unsured in Director was unsured in Director was unsured in past year or if the putarn met monthly occurred and when continued and the continue	the Wound Care Nurse or lave an Incident report and an not been initiated. Interview incidents when the resident's ere injuries of unknown origin not followed to report and administrator on 1/15/16 at diministrator on 1/15/16 at diministrator on 1/15/16 at diministrator's office, confirmed mediately initiated an resident #47's injuries of en observation and interview who stated a staff person and skin tear during care by as observed by the EON and decical Director on 1/13/16, at rector of Nurses' office, all Director was swallable on by concerns of the staff effort to see every resident that interview revealed the Medical of how many performance in the enformance improvement or quarterly. Interview asked if he steered the a said, "Oh no if they identify a to me" Interview oncerns related to the high lesident #24 were shared and stated, "I didn't know he had	N 615	Attachment# 25 1/23/2016 All licensed were in-serviced by D Nursing and Assistant of Nursing on proper procedure for doing in checks on all resident unwitnessed falls or hinjuries. Attachment# 26 1/26/2016 All nursing were in-serviced on the procedure and implem of the "Resident Inter Log" and the "Alarms Logs". Attachment# 20, 28 1/29/16 A follow-up in was initiated to Licen Nurses to include time for reporting and investigations by Administrator Attachment#29	irector of Director euro- s with ead staff ne proper nentation vention Check n-service ased a frame { stigation	

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	Toream, found by to 12/30/15, did not had not had not had not had not had not had not had not had not the policy was investigate. Interview with the Addite DON had not improve with Resident #47 with the Identification with the Identification with the Identification with the pears well monthly or onthinged and the countries of falls for Resident Identification in the problem they come onthinged and the countries of falls for Resident Identification in the problem they come onthinged and the countries of falls for Resident Identification in the problem they come onthinged and the countries of falls for Resident Identification in the problem they come onthinged and the countries of falls for Resident Identification in the problem they come onthinged and the countries of falls for Resident Identification in the Identificati	the Wound Care Nurse on ave an incident report and an observation and the resident's reinjuries of unknown origin not followed to report and drainistrator on 1/15/16 at ministrator's office, confirmed mediately initiated an esident #47's injuries of mosavetion and interview ho stated a staff person and skin tear during care by a observed by the DON and edical Director on 1/13/16, at actor of Nurses' office, Director was available on concerns of the staff for to see every resident that erview revealed the Medical of how many performance gas he had attended in the quartesty. Interview asked if he steered the said. "Oh no if they identify asked."	N 615	3) M of al revie occu call l imm Med signs weel All in 24 he conti Morr Nurs possi origin be in Nursi nursi accor polici unkni conti Morr inves (Adm Nursi	edical Director is notified incidents via fax for w. If significant injury rs Medical Director or on- Physician is notified ediately for orders. ical Director reviews and all incident reports during visit to facility. cident reports for previous that the best of the hing Meeting by Director of the injuries of unknown are and will continue to vestigated by Director of the ming Meeting by Director of the injuries of unknown are and will continue to vestigated by Director of the ming Meeting by Director of the injuries of unknown are and will continue to vestigated by Director of the ming Meeting to Director of the ming Meeting to Director of the ming Meeting the ming many will figure to be brought to the ming Meeting until the to be brought to the ming Meeting until the ming meeting incident to validate completion.	g of			

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investigation had no confirmed the two is skin was injured we and the policy was investigate. Interview with the A 11:15 AM, in the Ad the DON had not in investigation into facult with Resident #47 we with Resident #47 we caused her bruise a being rough and wa ADON on 1/11/16. Interview with the IM 10:25 AM, in the Director was unsure improvement meeting past year or if the petern met monthly or continued and when committee's work he a problem they come continued and the co	he Wound Care Nurse on ave an incident report and an of been initiated. Interview not been initiated. Interview not been initiated. Interview not been initiated. Interview not followed to report and of followed to report and drainistrator's office, confirmed imediately initiated an esident #47's injuries of in observation and interview the stated a staff person and skin tear during care by a observed by the DON and edical Director on 1/13/16, at ector of Nurses' office, I Director was available on a concerns of the staff flort to see every resident that terview revealed the Medical of how many performance gaine had attended in the dormance improvement quarterly. Interview asked if he steered the said. 'Oh no.' If they identify	N 615	cher dire com Skin give imm skin The any asse notif treat document of the skin and I Mon follow chan resid ATT Char response monimum reported to the skin and I monimum reported to the skin and I monimum resid at TT char response monimum reported to the skin and I monimum reported to the skin and I monimum reported to the skin and I monimum reported to the skin and I monimum reported to the skin and I monimum reported to the skin and I monimum resident to the skin and I monimum reported to the skin and	I/15/2016, Resident skicks were initiated by ctor of nursing and pleted by CNAs Q Shift. Observation Sheets are not the charge nurse ediately if any change is condition has occurred. Charge Nurse follows uphanges as reported with sament of the Resident, ication to MD forment as needed, and mentation. The Assistator of Nursing collects to Check monitoring forms brings to clinical meeting day-Friday for review all we up as needed with a ge in condition for all ents. ACHMENT #4, #12 ge nurse on A Hall is onsible to ensure all itoring forms, incident rts, and other data ired is placed in Directoring's box for next momining to the content of the	n pon th the sog	

WID FILMS	NOT CORRECTION	(X1) PROVIDERSEPTERICIA IDENTIFICATION NUMBER:	A BUILDING B. VEING	LE CONSTRUCTION	GOME GOME	EURVEY PLETED
AND CAR	FROMDEN OR SLAND, ÉR	AND THE RESERVE OF THE PARTY OF	Di Asper	Annual Control of the	01/	15/2016
	77	es i carrer a sect		State, 3)p coor		-1/**********************************
ROOK	EWOOD NURSING C	ENTER, INC. 332 RIVE	R ROAD 2, TN 37322			
(%4) ID PREFIX TAG	TOALS DEFENCE	ATEMENT OF DEFICIENCIES LY MUST BE ABECEDED BY PURI LSC IDENTIFYING INFORMATIONS	PWEFFX PAG	PROVOER'S FLAM OF CORRECT! (EACH COMMECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFORENCY)	DIG DIGG PRIATE	(XS) CCAMPLEX DATE
N 6745	Continued From p	age 76	N 615		Western Co.	1
	S 200 0 1000 1000	the Wound Care Nurse on	110.00	During off hours and	9	-
3	12/30/15, did not h	ave an incident report and an		weekends regardless of shift		
	investigation had n	ot been initiated. Interview		any incident resulting	14.0	1
4	commed the two	neidents when the registerite		in injury, abuse or suspected		
35	and the notice we	ere injuries of unknown origin		abuse or injury of unknown		
3	Investigate.	ind the policy was not followed to report and investigate. Iterview with the Administrator on 1/15/16 at		origin will be called to the		ñ
	STOCKED STOCKED			Director of Nursing and/or	9	
÷	Interview with the A		1	Administrator for immediate		
	TO AM, In the Ad	ministrator's office, confirmed imediately initiated an	1	action. Incidents that are		
¥1	Investigation into Re	esident #47's injuries of	1	serious in nature requiring a		
1	With hown oncer ove	Indian puring the region and interior		visit to ER will be immediately	- 020	
	with Resident #47 w	mo stated a staff nerson	1	called to the MD for orders to	j	
100	caused her bruise a being rough and we ADON on 1/11/16,	4		transport.	** ** 5:2	
- 54	na (Karana sa mana sa mana sa sa sa sa sa sa sa sa sa sa sa sa sa		į	Nurses are instructed in	4	
1	interview with the M	the Medical Director on 1/13/16, at the Director of Nurses' office,		case DON/Administrator/MD		
- 4:	revealed the Medica	Director was available on		can not be reached to initiate		
£ 1	Wednesdays for an	Concerns of the staff	İ	911 call then continue to try to		
	slaving,"i make an e	fort to see every resident that	9	contact above. Incident report		
4	ANY LARGINED IN	terylaw revealed the Medical of how many performance	į	not resulting in actual harm wi		
i	mprovement meetin	gs he had attended in the	į	be completed and turned in to	i k	
	last year or if the be	normance improvement	1	the Director of Nursing during	1	
. 1	eam met monthly or	quarteriy, Interview	i	next scheduled clinical	. !	
	and when	asked if he steered the said, "Oh no!" they identify		meeting. All nurses in serviced		
1 2	problem they come	to me" Interview		on the fall procedure and	,	
i n i ti	antinued and the o	oncerns related to the high esident #24 were shared and		posted at Nurses Station.	İ	
	he Medical Director hat many falls."	stated, "I didn't know he had		Attachment# 5,16	· **	
#.9	lefer to N-424	1	İ		Ì	

STATEMENT OF DEFICIENCIES. IND PLANOF CORRECTION	(X1) PROVIDER SUPPLIEDICLY, IDENTIFICATION NUMBER:	A BUILDING	LE CONSTRUCTION		e stancey Pleted
AME OF PROVIDER OR SUPPLIER				01.	15/2016
ROOKEWOOD NURSING CI	ENTER, INC: 332 RIVE DECATU		STATE, ZIP COOR		
TAG REGULATORY OR (TEMENT OF DEFICIENCIES Y NUTET BE PRECEDED BY FIXI. SC IDENTIFYING MEDRINATION!	PREFIX TAG	PROVIDERS PLAN OF CONNEC LEACH CORRECTIVE ACTION SHO CROSS REFERENCED TO THE APPL DEFICIENCY	WHE I'M ADDITE	COMPLE DATE
investigation had me confirmed the two it skin was injured we and the policy was investigate. Interview with the Additive DON had not improve with Resident #47 we caused her bruise at being rough and was ADON on 1/11/16. Interview with the Medical Wednesdays for any stating,"I make an effector was unsure improvement meeting past year or if the perteam met monthly or continued and when a problem they come continued and th	the Wound Care Nurse on the an incident report and an out been initiated. Interview incidents when the resident's re injuries of unknown origin not followed to report and diministrator on 1/15/16 at ministrator's office, confirmed mediately initiated an indicately initiated an indicately initiated an observation and interview ho stated a staff person and skin tear during care by a observed by the DON and indicated Director on 1/13/16, at actor of Nurses' office. Director was available on concerns of the staff fort to see every resident that erview revealed the Medical of how many performance afterned in the quarterly. Interview the said. "Ob no. if they identify the steered the	N 615	All incidents of serious naturato include falls with injury, abuse allegations, etc. will be called to Administrator and/o Director of Nursing by nurse affected hall to inform and se guidance as to what further steps need to be taken to ensure safety of resident and follow facility protocol. This includes calling physician, sending out to ER, notificatio of responsible party, etc. Administrator/Director of Nursing will make determination at that time if further action is necessary or incident will be discussed during next scheduled mornin meeting. If a responsible part is called with no response, three attempts will be made reach the responsible party leaving a message to return the call each time.	or on eek	

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THE PRESIDENCE OF SCHOOL SECTION SHOULD BE GOAFT	STATEMENT OF DEFICIENCIES . AND PLAN OF CONRECTION	(XI) PROVIERS TIDM NUTSER:	A BUILDING	E CONSTRUCTION	(X3) DATE	SLAVEY LETEU
BROOKEWOOD NURSING CENTER, INC. 32 RIVER ROAD DECATUR, TN 37322 PRESENT CENTER OF THE PROPERTY OF THE PROPERY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED I	TNS101	B. WING	The second secon	1	1.1
AN GHS Continued From page 78. N GHS Continued From page 78. forearm, found by the Wound Care Nurse ori 12/30/15, did not have an incident exploit and an investigation and the policy was not followed to report and investigation into Resident #47's injuries of interview with the Administrator's office, confirmed the DON had not immediately initiated an investigation into Resident #47's injuries of interview with the Administrator's office, confirmed the DON had not immediately initiated an investigation into Resident #47's injuries of interview with Resident #47's injuries of interview with the Administrator's office, confirmed the DON had not immediately initiated an investigation into Resident #47's injuries of interview with the Administrator's office, confirmed the DON had not immediately initiated an investigation into Resident #47's injuries of interview with the Medical Discotor on 1/13/16, at 10:25 AM. In the Director of Nurses' office, revealed the Medical Discotor on the staff staffig." I make an effort to see every resident that day." Confirmed interview revealed the Medical Discotor was unsure of how many performance improvement meetings fie had attended in the past year or if the performance improvement meetings fie had attended in the past year or if the performance improvement meetings fie had attended in the past year or if the performance improvement meetings fie had interview continued and what asked if he steered the committee's work be said, "Oh no." If they don'tly a problem they come to me" Interview continued and what asked if he steered the committee's work be said, "Oh no." If they don'tly a problem they come to me" Interview continued and what asked if he steered the committee's work be said, "Oh no." If they don'tly a problem they come to me" Interview continued and what asked if he steered the committee's work be said, "Oh no." If they don'tly a problem they come to me" Interview continued and what asked if he steered the committee's work the performance improvement wasu	NAME OF PROVIDER OR SUPPLIER	STREETA	DORESS FITS	STATE OF CHICAGO	1 037	15/2016
TAG SANDERS TRAINERS OF DEFINITIONS FROM PROPERTY AND SERVICE WITH THE PROCESS PROPERTY OF THE APPROPRIATE O	BROOKEWOOD NURSING CE	NTER INC. 332 RIVE	R ROAD			
4) Corporate nurse will be in 12/30/15, did not have initiated. Interview confirmed the bid incidents when the resident's skin was injured were injuries of unknown origin and the policy was not followed to report and investigation. Interview with the Administrator on 1/15/16 at 11:15 AM, in the Administrator on 1/15/16 at 11:15 AM, in the Administrator on 1/15/16 at 11:15 AM, in the Administrator on 1/15/16 at 11:15 AM, in the Administrator of interview with flee Administrator of interview with Resident #47 who stated a staff person caused her bruse and akin tear during care by being rough and was observed by the DON and ADON on 1/11/16. Interview with the Medical Director of Nursing Assistant Director of Nursing, Assistant Director of Nursing, MDS Nurse, Social Services, Business Office Manager, Dietary Supervisor, Housekeeping Director, Maintenance Director, Activity Director, and Rehabilitation Services Director. Interview with the Medical Director of Nursing, Assistant Director of Nursing, Assistant Director of Nursing, MDS Nurse, Social Services, Business Office Manager, Dietary Supervisor, Housekeeping Director, Maintenance Director, Activity Director, and Rehabilitation Services Director. Interview with the Medical Director of Nursing, Assistant Director of Nursing, MDS Nurse, Social Services, Business Office Manager, Dietary Supervisor, Housekeeping Director, Maintenance Director, Activity Director, and Rehabilitation Services Director. Interview with the Administrator on 1/13/16, at 10:25 AM, in the Director of Nursing, Assistant Director of Nursing, MDS Nurse, Social Services, Business Office Manager, Dietary Supervisor, Housekeeping Director, Maintenance Director, Activity Director, and Rehabilitation Services Director. Medical Director was available on the Medical Director was available on the Medical Director was available on the Medical Director was available on the Medical Director was available on the Medical Director was available on the Medical Director was available on the Medical Direc	CANADA TO THE PARTY OF THE CANADA THE COME AND THE CANADA THE COME AND THE CANADA THE CA	TEMENT OF DEFICIENCIES	PREFIX	PROVIDERS RIAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	ON. DEE. PRIATE	GOMPL DAT
Interview with the Administrator on 1/15/16 at 11/15 AM. In the Administrator's office, confirmed the DON had not immediately initiated an Investigation into Resident #47 who stated a staff person caused her bruse and skin tear during care by being rough and was observed by the DON and ADON on 1/11/16. Interview with the Medical Director on 1/13/16, at 10:25 AM. In the Director of Nurses' office, revealed the Medical Director of Nurses' office, revealed the Medical Director was available on Wednesdays for any concerns of the staff stating,"I make an effort to see every resident that day. "Continued interview revealed the Medical Director, and Rehabilitation improvement team met monthly of quarterly. Interview continued and when asked if he steered the committee's work he said, "Oh no, if they identify a problem they come to me" Interview continued and the concerns related to the high number of talls for Resident #24 were shared and the Medical Director stated, "Trigin't know he had that many falls."	foream, found by the 12/30/15, did not had no investigation had no continued the bio in skin was injured we	ne Wound Care Nurse on we an incident report and an it been initiated. Interview icidents when the resident's re injuries of unknown prices	N 615	facility weekly x 4 weeks then monthly x 3 months.		
with Resident #47 who stated a staff person caused her bruise and akin tear during care by heing rough and was observed by the BON and ADON on 1/11/16. Interview with the Medical Director on 1/13/16, at 10:25 AM, in the Director of Nurses' office, revealed the Medical Director was available on Wetnesdays for any concerns of the staff stating. It make an effort to see every resident that day. Continued interview revealed the Medical Director was unsure of how many performance improvement, meetings he had attended in the past year or if the performance improvement team met monthly or quarterly. Interview continued and when asked if he steered the committee's work he said, "Oh no if they identify a problem they come to me" Interview continued and the concerns related to the high number of falls for Resident #24 were shared and that many falls."	Interview with the Act	Iministrator on 1/15/16 at ninistrator's office, confirmed mediately initiated on		weekly for one month, and the monthly times two or until	en .	
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team mel monthly or quarterly. Interview continued and when asked if he bleered the committee's work he said, "Oh no, if they identify a problem they come to me" Interview continued and the concerns related to the high number of falls for Resident #24 were chared and the Medical Director stated, "I didn't know he had that many falls."	revealed the Medical Wednesdays for any stating, "I make an eff day" Continued into Director was unsure improvement meeting	clor of Nurses' office, Director was available on concerns of the staff ort to see every resident that cylew revealed the Medical of how many performance		Services, Business Office Manager, Dietary Supervisor, Housekeeping Director, Maintenance Director, Activity Director, and Rehabilitation		9
Refer to N-424	continued and when a committee's work he a problem they come continued and the conti	quarterly. Interview sked if he steered the said, "Oh no" they identify to me" Interview nicerns related to the high sident #24 were chared and		6	Control of the second s	
i i	Refer to N-424					

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER	A BUILDING	E CONSTRUCTION.	OMPLETED
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N 682	Continued From pe	ige 79	N 682		
	1200-8-6-06(4)(1)		N.682	N682 1200-8-606(4)(f) Basic	Í
i	(4) Nursing Service		i i i	Services	3-17-
	The second secon			(A) Numerican Carrier	
ļ	(f) The facility must	st ensure that an appropriate		(4) Nursing Services	1
- 1	ACCIONAL MARIA ILLEMIE I	of care is prepared for each rom appropriate disciplines,		The facility ensures that an	1 1
9.0	the resident and/or resident 's represe	the resident " a femily of the		appropriate individualized pla	n ¹ l
į.	AMMONIA O I CHIESE	Healtheat	ŧ	of care is prepared for each	
į	This Duke to see me	14		resident with input from	
a	This Rule is not me Based on review of	TOTALLY TENTINE PROMINENT SOMEONE		appropriate disciplines, the	į
1940	LEALEN TRAINING OF 190	eview, review of facility documentation, interview, and observation, the facility falled to revise the are Pran for 4 residents (#24, #40, #23, #26) ith falls of 8 sampled residents of 20 residents ith repeated falls, and falled to revise the Care ian for 2 residents (#76, #24) with pressure cers of 3 residents reviewed for pressure		resident and/or resident's	(1)
1.7	Leng Fran for 4 Tesh		ł	family or the resident's	
()	with repeated falls, a			representative.	* 1
4 W	THE REPORT OF THE PROPERTY OF THE PARTY OF T		į	 The Care Plan for Resident 	t
1.5	Alcars, of the senting	d residents. The facilities /		#24 was reviewed by the	
1	alls resulted to the	revise the Care Plan for residents with ulted in Injury to the residents and Placed 5 #24, #40, #23, and #26, in ac	. 1	Corporate Nurse and	3
57	哈斯巴德国语,在2年,第40、1			updated with the	
1 E	moomment delame and wefare. The faci	ntal to their liealth, safety. Ity's failure to revise the	į	assessment from the mos	á
1 (are trian for treatm	ent of Pressure Heave	1	recent comprehensive Mi	DS
j k	raced residents #76 etimental to their h	and #24 in an enviornment ealth, safely, and wefare	1	and CAAs on 1/22/2016.	i į
	ne raciny a failure i	likely to oface any resident	-	The Care Plan was reviewe	ed i
4. 學	thisk for falls and P	or talls and Pressure Litcers in an imment detrimental to their health, safety, willare.	1	for accuracy with current	
ח	nd welfare.		ĺ	Resident status to include	İ
	ne findings included		a construe	fall risk, falls, and current	1
		¥	B 1	interventions to address for	all }
R	leview of the facility	policy Falls, Post-Fall		risk; and to include the	
, Ay	Minimum Data Setty	2012, revealed, "The MDS Deordinator or Director of		development of pressure	
I PV	lusing will	lew interventions to the		ulcers and the current	A

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Divisio	n of Health Care Fa			14	PRINTER	0: 01/25/2010 APPROVED	
AND FLAI	HAN OF CORRECTION. (X1) PROVIDENSUPPLIENCELA EDENTIFICATION NUMBER		(X2) MULTIPL A. BUILCHIG:	E CONSTRUCTION	DKAL CATE	ESURVEY	
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EASTE OF	PROVIDER ON SUPPLIER	STREET A	CORESS CONV.	fate, ZP cope	01/	15/2016	
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N 682	Continued From pr		N 682	treatment for the pressure			
5	rosident's fall risk c	are plan"	1	areas on 1/22/2016. A Fall	1 1		
į	Medical record revi	ow revealed Resident #24 was	1	Risk Assessment was			
1	CANDRIGHT IN THE SEEN	HEAT ATTE AND DESCRIPTION OF THE PARTY OF TH		completed for this Resident			
į	A MINISTER FULSOR OF THE HEAD	Cirrohala of the Livet, Cirrohala Dementia with Behavioral	1	on 1/17/2016 by the			
•	THE PROPERTY OF THE PROPERTY OF	Salve Discourse Clabus		Director of Nursing. The			
į.	MANAGEMENT OF THE PROPERTY AND ADDRESS AND	ic Persistence Hepatitis and cility on 7/10/15 with	-	Braden Scale Assessment	1		
	diagnoses of Aftercare for Healing Traumatic Practure of the Hip and Difficulty Walking.			completed by the MDS	1		
4	a secretarian ray atales (1909)	and Unifolity Walking.	-	Coordinator on 12/1/2015	1		
1	Medical record revie	w of the resident's fell care		was reviewed by the			
- 3	COMPLETE STREET, A CONTROL	THE PROPERTY WITH THE WASHINGTON	ļ	Assistant Director of	1 1		
ľ	history of falls, weak	eat risk for fall rif (related to) easily fatigued. istory of falls; weakness ledical record review of the resident's fell care lan initiated 12/26/2014 revealed the resident's		Nursing on 1/17/2016 and	1	ŀ	
1	Medical record revie			updated to reflect the	į		
3	AMERICA MANUFACTURES (STATES)			correct scoring for the	- 1	1	
	esident had talls: 1/	ed to reflect 18 dates the 31/15, 2/8/15, 2/15/15, 3/15, 4/4/15, 4/11/15,		Resident,			
	HER TO MISUMS 511	AME EDMAR GUARAGE		The Care Plan for Resident	8	ĺ	
1 6	MEGITA DELITITA HIM	0/16, 7/5/15 and 7/12/15, the resident's care plan		#40 was reviewed by the	-		
- 12 W	CARRIED TIME CRIB IND	CHE 25102 Printerpheness of manage miture	1	Corporate Nurse and	į.	, 1	
3E 98	BATTER A REPORT OF THE PROPERTY.	reflect a new intervention after a 8/15 Eval [evaluate] got room		updated with the		1	
10.00	INDUSTRICTED FOR THE PARTY	Patients of the same of the sa		assessment from the most	1 1	1	
an in	respectively to k	esidenti to keen uringi in cook cook		recent comprehensive MDS			
	rection]*	Abt (antibiotic) for UTI (urinary tract	1	and CAAs on 1/2/2016. The	* 1	11/2	
	wiew of facility documentation revealed the		Care Plan was reviewed for				
43	海湖地址 时绕位 1 10周日 以	8 falls between 7/30/15	Į	accuracy with current	1	I	
a	nd 8/31/15	11, 10, 11, 11, 11, 11, 11, 11, 11, 11,	· ·	Resident status to include			
M	edical record review	of the resident's fall care	į,	fall risk, falls, and current		1	
A.V.	公体 化加油油商品 以深格儿是 1	Cvealed the residence have	1.00	interventions to address fall			
of Manie	AND PARTICION	effect the resident had 8	Į	risk on 1/22/2016. A Fall	1	1	

AND PLA	INT OF SEFICIENCIES NOF SORRECTION	IDENTALCATION NUMBER	POPMETING A. BURLOING	E CONSTRUCTION	XX) DATE SURVEY CXMPLETED	1
CALAW E	Landa San San San San San San San San San Sa	TN6101	B WING	The state of the s	01/15/2016	ř.
ROOK	PROVIDER OR SUPPLIER EWOOD NURSING C	ENTER INC 332 RIVE	DRESS ONY : R ROAD R, TN 37322	ami in chiệ	A 44 2 101 E 44 10	
(%4) ED PREFIX FAIG	COMPANION OF ACIEND	ATEMENT OF DEFICIENCIES Y MAJOY SE PRÉCEDED BY FUEL: SC DIENTIFYING PROGRATION)	PREFIX TAGE	PROVIDERS RIAN OF CORRECTION [EACH CORRECTIVE ACTION SHOULD! CROSS REFERENCED TO THE APPROPRI DEFICENCY]	BG GOVERN	518
N 682	The state of the s	NA COLOR	N 682	Risk Assessment was		esson.
	falls: 8/2/15, 9/8/15	6/10/15, 8/14/15, 8/20/15,		completed for Resident #40	į	
	of the resident's ca	10 6/31/16. Continued review		on 1/17/2016 by the 6am-		
	WIT ITSIUCHTS Care	pien was revised to reflect a		2pm Charge Nurse.		
				The Care Plan for Resident	ļ	
į	Intendew with the D	irector of Nursing (DON) on		#23 was reviewed by the		
}	ACARDIGO UND DENKA	A in the Administrator's office.		Corporate Nurse and		
1	nformation on how the intervention of "more requent checks" was implemented.		and the same of th	updated to reflect the most		
!	er is he man party of	Secondary States	ą.	current comprehensive		
	Review of facility do	cumentation revealed the		MDS and CAAs on		
1	and 10/30/15.	of 13 falls between 9/16/15	The second	1/22/2016. The Care Plan		
die.	STATE ATTEMPT ATTEMPT STATE			was reviewed for accuracy		
Ì	Medical record revie	al record review of the resident's fall care utlated 9/16/15 revealed the resident's care		with current Resident	2	
5	THE DESIGNATION OF THE RESERVE	remect the resident back to	. [status to include fall risk,	İ	
16	100 B C 1 13. B Z 1 1	A MARKET DIORNE DIRECTOR	1	falls, and current		
1	THE FY CO. PLUSSER ST. BOOM	2/15 (2 falls), 10/5/15, 1 10/16/15. Continued		interventions to address fall	1	
1.8	EVEN OF THE POSICION	LA CARE CHAM reconstant the	ļ	risk on 1/22/2016. A Fall		
	nterventions to adde	vised to reflect any new ess the resident's falls during	1	Risk Assessment was	İ	
19	his time period.	WASHING MAINS GILLING		completed for Resident #23	ļ	
	Review of facility doe	umentation revealed the		on 1/17/2016 by the	1	
E N	manager Heart of High D	f 6 falls between 10/30/15	ļ	Assistant Director of		
	ind 175/18.	A STATE OF THE PARTY OF THE PAR	į	Nursing.		
	Aedical record review	v of the resident's fall care	Same of the same o	The Care Plan for Resident		
100	and than was module	3 revealed the resident's d to reflect the resident had		#26 was reviewed by the		
1	2/13/15, and 1/5/16. esident's care plan n	is), 11/25/15, 12/2/15, Continued review of the evested the care plan was any new interventions to	ودودود	Corporate Nurse and		
. 0	ddress the resident's	any new interventions to	į.		1	

STATEMENT:	F Health Care Fa	(XX) PROVIDER/SUPPLIER/CLIA	1 (32) Ma TIES	E CONSTRUCTION To	A CONTRACTOR OF THE PARTY OF TH
(alexis essel/80)	AN OF CORRECTION IDENTIFICATION NUMBER		A BUILDING	- Company	X) DATE SURVEY COMPLETED
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N 682 C	onlinued From p	age 82	N.682		·
(1	(10:00 PM) Therapy to evaluate and about	17.502	updated to reflect the most		
· VA	d (wheel chair) o	ushion*	1	recent comprehensive MDS	j .
in	terview with the C	Director of Nursing on 1/13/16		and CAAs on 1/22/2016.	
400 1/	1 12 160 克斯斯 10 和 10 经	Activities estates affice.		The Care Plan was reviewed	
re/	vised to reflect o	lent's care plan was not ew or effective interventions to		for accuracy with the	j
ad	dress the resider	nt's continued falls.		Resident's current status to	Ī
¥i,,	55 340			include fall risk, falls, and	ì
1.00	THE PARTY OF LOTE OF	ent #24 had 46 falls between and Jenuary 5, 2016. There		current interventions to	
(48)	THE JE REIDS WALLE OF	O Bear internantions added to		address fall risk by the	1
1 100	wells usin sims	the fall ineffective and ons, for example, "Se sure the		Corporate Nurse on	į
4 612	HUMBIRS Call Fight	SE IN PROCEST SIENT CONFORTER AND A		1/22/2016. A Fall Risk	
1999 915	5. 18 4. 16 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	188 Deeden "and	1	Assessment was completed	Ī
AN AND	e used tedetitive	ent not to turn off alarm" aly for 29 falls, in		for Resident #26 on	į
COL	raideration of the	lack of individualizari		1/17/2016 by the Director	}
fac	illy failed to prote	nitoring to prevent fells, the It Resident #24 from fells,		of Nursing.	
E th ear.	Salama de bes			The Care Plan for Resident	1
503	TO WITH CISIONOR	dmitted to the facility on ses including Senile Dementia	9.1	# 76 was reviewed by the	
MAIRE	TREATMENT OF THE SELECTION OF THE SELECT	See: Deficably in Walking ?	1	Corporate Nurse and	B
feet 50	wessive Disorder pertension, and in	Diabetes Mellins		updated to reflect the most	
3 0000	core: anno co vicco	220 00 00 000		recent comprehensive MDS	1
Med	Medical record review of the resident's fall care plan, initiated 7/29/15, revealed, " The resident is at risk for fall r/f (related to) bletory of falls, decreased mobility, use of psychotropic			and CAAs on 1/22/2016.	
源泉				The Care Plan was reviewed	
CHBE			1	for accuracy with the	
medication7/19/15 fall no injury"			ł	Resident's current status to	
Rev	lew of facility doc	edi belsever noitainemus	*Constant	include Pressure Ulcer Risk,	
T. Course	dent had a total of 1/8/16.	of 15 falls between 7/29/15	Į	current Pressure Ulcers,	
1.00		Sar San San San San San San San San San San	· Contractor	•	
Med	loal record review	wol the resident's fall care	ť	current treatments orders	1

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	Division of Health Cere F: STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	OTHERS ONLY PROMOTERSUPPLIERS LIA DENTIFICATION NUMBER	(82) 植果1(8	TE CONSTRUCTION	FORM APPROVI	
		VANCE VANCE V	A BUILDING	·	CO	arieved.
H	Name of the second of the seco	I TNETOT	B. Wilks	TOTAL INC.	0.0	/15/2016
	MANE OF PROVIDER OR SUPPLIE BROOKEWOOD NURSING (ENTER, INO 332 RIVE	Deres City R Road R TN 37322	STATE PER CORE		P.S. 401 (E.D. 3 (G)
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	plan was updated falls. 8/7/15, 8/11/8/15/16, 8/29/15 10/15/16, 10/26/16 Continued review plan was revised to 8/7/15 only 6 of the periods pro [as netoide] until floor desident until floor desident and plan was to w/c, in low b/p [blood presonable to w/c, in low b/c, in low b/p [blood presonable to w/c, in low b/p [blood presonable to w/c, in	in the process of the resident's care to reflect the resident had 15 15, 8/13/15, 8/14/15 (2 talls), 10/2/15, 10/5/15, 10/13/15, 10/2/15, 10/5/15, 10/13/15, 11/6/15, and 1/6/16, evaled the resident's care or reflect new interventions after 15 talls. "Treq [frequent] resteded; 8/13 "Treq [frequent] resteded; 8/13 "Treq [frequent] resteded; 8/13 "Treq [frequent] resteded; 8/13 "Treq [frequent] resteded; 8/13 "Treq [frequent] resteded; 8/13 "Treq [frequent] resteded; 8/13 "Treq [frequent] resteded; 8/13 "Treq [frequent] resteded; 8/13 "Treq [frequent] resteded; 8/13 "Treq [frequent] resteded; 8/13 "Trep buddy for remove." To safety. Pt able to remove. "Treps station, given fluids for safety. Pt able to remove." To safety. Pt able to remove. "Treps stations for fine the care of safety and 15 falls between lanuary 8, 2016. There were 9 erventions added to the Care remover. The safety from the hospital on although and monitoring to safety feed to protect Resident were safety from the hospital on less including Recent History himer's Dementia. Type 2 Dispetes and	W 285	and interventions due to pressure ulcers/risk on 1/22/2016. A Doppler study was ordered and completed on 2/1/2016 due to edema and wounds of bilateral lower extremities. 2. Because all Residents with fall risk and risk for development of pressure ulcers could potentially be affected by the cited deficiency: Care Plans for all Resident with pressure ulcers and falls were reviewed and updated by the MDS Nurs competed on 1/27/2016. Care Plans for all other Residents were reviewed and updated by the Interdisciplinary Team, consisting of the MDS Nurse, Social Services Director, Dietary Manager	s e,	
	Review of facility dos	umentation revealed the	1	(4),	- 1	

沙山西上巴加州	n of Health Gare Fac or of Deficiencies (or coanection	(XI) PROVIDER/SUPPLIERALIA	DOMESTIC:	E diga library commercial	FORM APPROV
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N 682	Continued From pa	ige: 84	N 682	The state of the s	
		between 4/23/15 and	1	Activities Director and we	ëre i
	12/21/15, 4/23/15:	5/17/15; 5/24/15; 5/25/15; 22/15; and 12/21/16.		completed on 1/31/2016	3
- Asimilar	MAN, INDIGION TYPE	ew of the resident's fall care V14 and continued at		3. All Resident Care Plans ar	
1	re-equission on 1/	Bite last undered 11/20116	1	brought to the morning	e q
1	189VEBIEG 首即 作為於 化矿 行為	or rails Review continued terventions for the high risk of		_	
1 1	TORREST AND AND AND AND AND AND AND AND AND AND	Dale and meet the regiders.	,	Clinical Meeting, Monday	/-
	TICHUS, DE SUM TOSE	DETES CAR light to restrict enacte	1 1	Friday and updated as	1
6	assisiance as need	resident to use it for ed: The resident needs		indicated by review of	
10	prompt responses b	Call requests for accidence		Physician Orders, Incident	t 🊶
4.2	Chaire the the resi	eni is turbaring proporphists		Reports, and 24 Hour	Į.
7.3	的人们的原理的 生物形式 起於	BESCHAMMENT CURRENTY WITH		Nursing Reports; this	
1.0	STREET SHE DESCROE	and prin [as needed]; Follow Keep items of frequent use	ĺ	review and updating	į
1.0	watern resident tobet	1. P. Paracional thousand		process began on	1
	avenuate and treat a	s ordered or PRN Ise.		1/31/2016 and will	
{ · \$	alls: 4/23/15; 5/17/1	review revealed the care plan o reflect the resident fiad 7 5, 5/24/15, 5/27/15, 6/1/15,		continue.	· specialists
1.	1142/10; and 12/21/	15.	1	The MDS Nurse was	
1	dedical record revie	w of the fall Care Plan		educated on the	1
1 2	educionesti esta legan idio	ryentions after the falls on 5/15, and 12/21/15.	ļ	importance of detailed	
	Constant Constant	1	1	notes when discussing fall	_
1 10	reascal record review	w review revealed the Care ed after the fall 6/17/15 with	1	and having new	٥
11	e intervention of a	bed alarm.		interventions or referrals a	
į					as
i ix	ad been undated -	w revealed this Care Plan ler the fall 5/27/15 with the		indicated with each fall	į
Q.	mervention of Tecure	or and represent and contained	ł	(when possible) by the	1
1 45	le previous interven Isident to use the ca	for of "encourage the		Corporate Nurse on 1/26/2016.	
2	NAME OF THE PARTY	v revealed the Care Plan	ļ		

ANDPLA	NT OF DEPOENCIES.	(XI) PROVIDER/SLEP/CLM DENVIFICATION NUMBERS TNB101	A BURDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	had been updated intervention of 'rein edge of wic seat'. Medical record revised been updated intervention of 'real intervention of 'real intervention of 'real intervention of 'real intervention of 'real intervention of 'real intervention of 'real intervention of a because did not include assist in fall prevention with the use of a because did not include assist in fall prevention intervention or not a the resident's impair continued and confirmation of the properties of the	effer the fall 6/01/15 with the hind resident pm not to sit on ew revealed the Care Plan after the fall 11/22/15 with the life orientation. On on 1/15/16 at 10:05 AM, is office, confirmed, after the ew interventions were put into view confirmed the plan of an effective intervention to ion except the 5/17/15 fall of alarm and, after the next is as were a repeated in effective intervention due to effective intervention due to effective intervention due to ad cognitive status. Interview med the resident's fall of a head injury, the resident's ready been in use in her her 12/21/15 fall and er functioning of the alarm ention. If #23 had 8 falls between the fall, in consideration of the interventions and monitoring scility falled to protect.	N 682:	All fall and pressure ule will be reviewed at the incident and updated dimorning clinical meetin nurse will immediately plans with appropriate in The DON or if DON no nurse in attendance will to ensure interventions. This process of having signatures will continue and pressure ulcer care. Administrator/DON is sinterventions are being inappropriate. This procedure. This procedure. This procedure in Qual weekly for one month a monthly times two or uncompliance is met. The Committee consist of the Administrator, Medical Director of Nursing, Ass Director of Nursing, Mc Social Services, Business Manager, Dietary Super Housekeeping Director, Director, Activity Director, Director, Activity Director.	time of the uring the large. The MI update the intervention of available counter signer added two nurse with each plan until the atisfied that missed or a less will began an east will began then atil substant QA e Director, sistant OS Nurse, is Office visor, Maintenance.	os case n(s). the gn fall he t no re gin ing hoce

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and exal	NO CONNECTION	INTERPRETATION NUMBER:	(X2) MALETIPL A. GÜLÜNKS	E CONSTRUCTION	COM (X3) DAT	e survey Preted
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	Interventions included resident's needs It is within reach and it for assistance as resident is wearing facility fall protocol. within resident react evaluates and troat needed)" Medical record revides between 9/28/10/13/15, (2) on 11. Medical record revides 8/7/15 revealed the new interventions for 11/28/15. Medical record revides 8/7/15 revealed no a falls prevention after the 12/25/1 Medical record revides on 10/13/15 the interventional record revides on 10/13/15 the interventional record revides and 11/28/15 the interventional record revides and 11/28/16 the interventional record revides and 11/28/16 the interventional record revides and 11/28/16 the interventional record revides and 11/28/16 the interventional record revides and 11/28/16 the interventional record revides and 11/28/16 the interventional record revides and 11/28/16 the interventional record revides and 11/28/16 the interventional record revides and 11/28/16 the interventional revides and 11/28/16 the interventional revides and 11/28/16 the interventional reviews and the revidence with the revious interventional reviews and the reviews and	evealed " The resident is at much review revealed led " Anticipate and meet the 3e sure the resident's call light encourage the resident to use needed Ensure that the appropriate footwear Follow Keep items of frequent use in. PT [Physical Therapy] is as ordered or PRM [as see or PRM [as see ordered or PRM [as see ordered or PRM [as see ordered or PRM [as see ordered or PRM [as see ordered or PRM [as see ordered or PRM [as see ordered or PRM [as see ordered or PRM [a	N 682	and Rehabilitation Services Director. Corporate Nurse will be in facility weekly for four weeks and then monthly for 3 months.	Experimental designation of the control of the cont	

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AND PLAN	G OF DEFICIENCIES OF COMMECTION	OT) PRINCERSOFFIERCLA DENTIFICATION NUMBER:	A BUILDING	ECONSTRUCTION	(KX) DAT COM	ë survey Pleted
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	Interview with the I in the Administrate intervention put in 12/25/15 Jalls with #26 To ER for eval with the DON confinitervention for felliness intervention for felliness interventions to Resident #26 came hospital after the 8/revealed " The private on 12/25/15 working per stelf" In summary Reside August 28, 2015, as were 2 falls with no the Care Plan after interventions, for exposm) for eval and "and "Alarm replaced ack of individualization provent falls, the Resident #26 from falling Encounter Valking, Malignant Column, Hemiplegis Nabetes Meititus ty the reversion, effective reversion, effective resident Plan of Prevention, effective resident Plan of	ER for eval and IX" and DON on 1/13/16 af 10:53 AM, re-office revealed a new place after the 8/28/15 and fracture was to send Resident and IX". Continued interview med that was not an prevention and confirmed no vere put in place when a back to the facility from the 28/15 fall. Continued interview or intervention of wheel chair was ineffective if it was not ent #26 had 5 falls between he December 25, 201. There new interventions added to line fall; Ineffective ample: "to ER [emergency IX [evaluation and treatment], d". In consideration of the d interventions and monitoring facility failed to protect alls. aw revealed Resident #76 was ity on 12/18/15 with diagnoses for Aftercare, Difficulty Neoplasm of Vertebrat and Herniparesis, and				
on of flea E FORM	th Carp Focilities	hydralion, incontinence, skin		**************************************		PROPERTY.

ardera Ardera	HT OF DEFICIENCIES YOF CORRECTION	(KI) PROVIDERSUPPLIERCUA IDENTIFICATION NUMBER	A BURDING	E COMETRUCTION.	CO	E SURVEY PLETED
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	care, mobility need and positioning ast The case plan will inceeded to accurate needs. 3. The Plan change in status of wounds, and with the Plan of Care is to be Medical record revision (12/18/15 revealed wound. R [right] he Medical record revision dated, revealed utcer; unstageable to right heel. "Cortiller Record dated to right heel. "Cortiller Record dated resident had develo injury (SDTI) to the Medical record revision	is, pressure reduction, turning pedule, and treatment orders be reviewed and updated as ally address the resident's of Care is to be updated with the resident, with changes in reatment order changes. The ecurrent at all times ew of Interim Care plan dated unstageable sacrat [coccyx] iel deep tissue injury ew of the resident's care plan, The resident has pressure an coccyx, deep tissue injury tinued review revealed. ks. administer treatments as a for effectiveness ew of the Weekly Pressure. 12/30/15 revealed the ped a Suspected Deep Tissue left lateral heet. ew of nurse's wound care note lated, Weekly skin Resident has new SDTI erat heet. Current tx is to R lateral heat SDTI ew of the resident's Plan of alled the care plan was not the development of the SDTI is or treatment orders.	N 882			

AND PLAN	NT OF DEFICENCES LOF CORRECTION	MENTIFICATION NUMBER:	(XZ) MULTERU A BUILDING	E CONSTRUCTION	(X3) EW	TE SURVEY
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	the left lateral heet.	. (6)	f			Ĭ
	Alcoholic Cirriosis Alcoholic Cirriosis Obstruction, Demel Disturbance, Depre Mellitus, and Chron readmitted to the fa diagnoses of Aftero Fracture of the Hip- Medical record revia Initiated 10/30/15 re potential for impairs (related to) fragile si revested, "Interver ordered" Medical record revia	ssive Disorder, Diabetes ic Persistence Hepatitis and cility on 7/10/15 with are for Healing Traumatic and Difficulty Walking. we of the resident's care plan- vealed, " the resident has nont to skin integrity of the rit iin" Continued review ntions/Tesks treatments as				
	assessment done and to R lateral foot. Medical record review when dated 12/31/15 or the treatment of pakin prep and dry paked SDTI as protect Wed (Wednesday), Fly padded drag to R protection (change Medical record review Medical record review Medical record review and to R padded drag to R padded drag to R padded drag to R padded record review Medical record review Medical record review manufactured as residual record review medical record review manufactured record review medical record record review medical record record	orw SDTI to R fateral heel w of a Physician's Telephone revealed physician's orders he SDTI ' 12/31/15 1. Apply dded drag [dressing] to R ion (change Mon [Monday], riday) 2. Apply skin prep and lateral foot SDTI as fon, Wed, Friday)3. Keep dent will allow with pillows"				
o o n	ean was not updated If the new pressure t	I to reflect the development dicers and the care plan did I treatment for the pressure	Townson Company		Section 1	

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ANDRA	nt of deficiencies Nof Confiection	(X1): PROVIDENSUFFLERIC M IDENTIFICATION NOVIDER:	A BUILDING:	E CENSTRUCTION	(X3) DATE SUM COMPLETE	ŒY.
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9120 7320	PROVIDER OR SUPPLIER EWOOD NURSING C	ENTER INC 332 RIVE		TATE, IP CODE	A DI SOPEL	N. E. O.
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	Murse was "responderesident's care plant resident's care plant resident's care plant new pressure areas Continued Interview Data Set) Nurse we updating the resident wound care orders. DON confirmed the bean revised to reflect. 1200-8-6-06(4)(1) B (4) Nursing Service (4) Nursing Service satention and care or hyglene in addition the nursing care as ordered physician. Phis Rule is not met Based on review of 6 eview, observation and a care or hyglene in addition the nursing care as ordered for 3 residents reviewed for a residents reviewed for a calify's systematic for a collected placed the condered placed the sordere	OON on 1/15/16 at 9:32 AM, in office, revealed the MDS passible" for updaling a with the development of any sor changes in wound status, vievealed the MDS (Minimum as also responsible for nit's care plan with any new Purther interview with the resident's care plan had not act the development of the it's right heel and right lateral asio Services. The provides are plan to the it's right heel and right lateral asio Services. The development of the it's right heel and right lateral asio Services. The given proper personal state by the resident's. The provide wound record and interview, the facility and care for pressure ulcers. The palure to provide wound care are residents in an antial to their health, safety,	N 666	N688 1200-8-606(4)(I) Basi Services (4) Nursing Services The facility provides each Resident with proper person attention and care of skin, fernals and oral hygiene in addition to the specific professional nursing care as ordered by the Resident's physician. 1. Resident #76 had their 3 wound dressings changed immediately on 1/12/2016 by the treatment nurse and have been continued to be done a ordered by physician by either the treatment nurse or licens nurse. On 1/21/2016 the Corporate Nurse compared to TAR to the physician's orders for accuracy. All wounds on TAR matched physician's order #76 discharged on	or all set, 3	1-1-1

AND PLAS	NT OF DEFICIENCIES.	(X1) FROVIDERSIPPLERCHA IDENTIFICATION NUMBER TNG101	D(2) MACTIPI A. BUX DING	LE CONSTRUCTION	Can	SURVEY PLETED
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N 688	Continued From p		N 666	2/13/2016 to home.		<u> </u>
Springeder: are all to a good to the	Review of facility policy Pressure Ulcars, effective 9/2012 revealed, ".3. The facility will ensure that all residents at risk for pressure ulcars are identified to be at risk and given care to prevent the development of pressure ulcars. A. The facility will ensure that a resident with pressure ulcars receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing5. The Charge Nurse and Treatment Nurse willb. Provide wound care as prescribed by the physicianii.	-Kultimerer Same	Resident #24 had their 2 wounds treated immediatel 1/15/2016 by the charge nu The wounds were documen as being treated daily from	irse.		
1	new sores from de Nurse and Treatme wound care as pre: Document in the Tr Record (TAR) that as prescribed"	i developing,5. The Charge timent Nurse willb. Provide prescribed by the physicianii, a Treatment Administration that wound care was administered at wound care was administered at wound care was administered at wound care was administered at wound care was administered at wound care was administered at work and the w	Transcription of party of the second	1/15/2016. On 1/21/2016, the Corporat Nurse compared the TAR to physician's orders for accura	the	
	ncluding Encounter Walking, Mationant			All wounds on TAR matcher physician's order. Resident #24 discharged of 1/24/2016 to Geri-Psych.		
() ()	Medical record review of the Resident-Data Collection Admission assessment dated 12/18/15 revealed. "General Skin Conditiondrywarm Skin Conditionbtack areas on outer side of both heelsakin dry" Continued review revealed no documentation the resident had a pressure ulcer. Medical record review of an Interim Care plan dated 12/18/15 revealed, "unstageable sacral woundR [right] heel deep tissue injury" and no documentation regarding the left heel, which was black to the outer side according to the Resident -Data Collection Assessment.	- High subspectation and the subspectation a	Wound Care was provided ordered for Resident #77 of 1/13/2016, and on 1/15/2 The Resident's dressings wassessed on 1/14/2016 by	on 1016. vere		
d b		dies the left heet, which was le according to the Resident	PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF T	Treatment Nurse and on 1/16/2016 by the Director Nursing, but were not chat on these dates at the familiary and for the second of the second o	nged ily's	
	edical record review of daled, revealed, in Care Facilities	w of the resident's care plan. The resident has pressure		request for comfort meas for the Resident.	ures	

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ANDERA	NT OF DEFICIENCIES FOR GORRECTION	(X1) PROVIDER SUPPLIER CLIA IDENTIFICATION NUMBER: TNG101	(X2) MOUTEPLE A. BUILDHARS B. WING	CONSTRUCTION	çoi	TE SURVEY PLETED	
II 80FC	PROVIDER OR SUPPLIER EWOOD NURSING CE	NTER INC 232 RIVE		MIE, ZIP CODE		/125/2016	
(X4) ID PREFIX TAG	Westernicks often	ac idemina milosyvation) what be abeceded by ent benevilor deliciencies	IO PROFIX TAG	PROVIDERS PLAN OF CORRE YEACH COFFRECTIVE ACTION SHY CROSS REFERENCED TO THE APP DETICIENCY)	THE PARTY TO STATE OF	GOMPLE EMTE	
171 668	Interventions flast ordered and monito Medical record revie Predicting Pressure	on coccyx (secral); deep tissue, "Continued review revealed, ks administer treatments as r for effectiveness" word a Braden Scale-For Sore Risk daten 12/19/15	IN 688:	This Resident was on Ho Care and passed away of 1/17/2016.			
	revealed the resider resident was at ". M of developing a president was at ". M of developing a presider dated 12/23/16 sacral unatageable vicesner/normal salin periwound. Apply sacral unatageable vicesner/normal salin periwound. Apply sacral unatageable (dressing). Change for drag saturation or and dry drag to SETI njury) to R lateral he week) (Mon [Monda]	edicting Pressure Sore Risk dated 12/18/15 vealed the resident scored 18 indicating the sident was at " Mild risk: total score 15-18" developing a pressure utcer. edical record review of a Physiciam telephone der dated 12/23/15 revealed. "1. Cleanse cal unetageable wound with woins [wound esperingmal seline]. Apply skin prep to riwound. Apply santyl to wound bed, pack with fourn alginate, and cover with dry padded drag essing). Change daily et [and] pm [as riceded] drag saturation or removal2. Apply skin prep d dry drag to SETT [suspected deep tissue aryl to R lateral heel change 3x [times] wh bek] (Mon [Monday]; Wed [Wednesday], dey) et pm dical record review of the Treatment Record R) for December 2015 revealed the resident's ret wound was not treated on 12/25/15 or 27/15. Continued review revealed no cumentation the resident's right tateral heel and gare was completed on 12/25/15 or 28/15.	realed the resident scored 18 Indicating the ident was at " Mild risk: total acore 15-18" Ideveloping a pressure utcer. dical record review of a Physician telephone er dated 12/23/15 revealed. "1. Cleanse sal unatageable wound with worns (wound aner/normal saline). Apply skin prep to invound. Apply santy to wound bed, pack with clum alginate, and cover with dry padded drag assing). Change daily of land) pro [as needed] drag saturation or removal 2. Apply skin prep dry drag to SDTI [suspected deep tissue ry] to R lateral heel change 3x [times] wkeek] (Mon [Monday], West (Wednesday)		 All Residents have the potential to be affected cited deficiency. A Skin Assessment was call Residents in the facilithe Director of Nursing a Assistant Director of Nursing 1/15/2016 and 1/16/2016 new pressure ulcers were identified. 	done on ty by and rsing on 16; no	the state of the state of the state of
r (strong and a subsection of the subsection of	Medical record review TAR) for December sacret wound was to 2/27/15. Continued locumentation the review 2/28/15.			Treatment Records were reviewed by the Director Nursing and Assistant Di of Nursing on 1/15/2016 completion of treatment ordered; all treatments completed as ordered. Attachments #4,10,11,12	r of rector i for is as vere	\$1 \$2 \$2 \$4 \$4 \$4	
	ore cared 12/23/16 r seesament donesa natagaableSDTI n dry, purple hue pre- ote" Continued re-	evealed, ". Weekly skin total vound is ofed to R lateral heel. Area sent. Ino) other areas to now revealed no	1	3. Staff In-service training Pressure Ulcers, Pressure Ulcer Prevention, comple of Treatments as ordered	tion		

STATEMENT OF DEFIC MOPLAN OF CORREC	TENCIES TENS	(XI) PROVIDENSIA DEMINISTRALIA DEMINISTRALIA DEMINISTRALIA DE TRANSPORTO	(X2) MULTEPL A BUILDBAG B: Wiles	S CONSTRUCTION	ÇXS) DAŞ COM	E SURVEY.	
name of Frigyider d Brookewood M		ENTER INC. 332 RIVE	ACCRESS, CITY, STATE, 210 CODE				
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Medical recorded assessment to continues. Medical recorded assessment to continues. Medical recorded assessment to continues. Medical recorded assessment to continues. Medical recorded assessment to continues. Medical recorded assessment to continues. Medical recorded assessment to continue resident to continue resident to continue recorded and the continue recorded assessment to continue recorded as a c	Data Coll accord review ord developed review ord review or a lateral in the electric review of a lateral in the electric review of a lateral in the electric review of a lateral in the electric review of a lateral in the electric review of a lateral in the electric review of a lateral in the electric review of a lateral in the electric review of a lateral in all th	ection Assessment, ew of a Weekly Pressure 12/30/15 revealed the iped a SDTI to the left lateral way revealed the SDTI to the documented as measuring 3 / 3 cm. ew of a nurse's wound care is revealed, " Weekly skin Resident has new SDTI reed. Current tx [treatment] at hea! SDTI ew of the TAR for December v wound care order 12/30/15 of the SDTI to the left lateral rep and dry dreg to SDTI to L repe 3x wk (Mon, Wed. w of the TAR for January esident's sacrat wound care to 1/2/16, 1/3/16, 1/5/16, id, and 1/11/16. Continued ind care was not completed it lateral heel on 1/6/16 and ew revealed the treatment (s left heel wound was not y 2016 TAR and wound care is the SDTI until a perfection	N. G. G.	review of facility Policies vinitiated on 1/14/2016 by Director of Nursing and w completed for all staff on 1/26/2016. In-service training on Su Deep Tissue injury wour provided by contracted C Wound Care Specialist of 1/25/12016 for licensed of 1/25/12016 for licensed of 1/25/12016 one RN and one CNA new hire. New hires were ceive this in-service during orientation by Director of Nursing/Assistant Director Nursing. Attachment #23 On 1/15/2016, Resident skin checks were initiated and completed by CNAs Q Shift. Skin Observation Sheets are given to the charge nurse immediately if any change in skin condition has occurred. The Charge Nurse follows up any changes as reported with assessment of the Resident, notification to MD for	was the as spected ads was certified n nurses. d on e will ng of		

ĂNĐ FLA	NT OF DEFICIENCIES. FOR CORRECTION	(X1) PROVIDERSUPPLERGUA IDENTIFICATION NUMBER	(X2) LERTIPL A. BLILDING	E CONSTRUCTION:	(X3) DATE COM	PLETED
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	documented as pr	esenting as a Stage 3,		treatment as needed, and	. 0	
	aned and a compa	of the about a new the way of the contract of		documentation. The Assistar		j.
į	ARISTO A THURST IN SOCIETIES TO	ed, normal skin surrounding the ount of serosanguineous		Director of Nursing collects the	ie i	
19	[bloody] exudate for	frainson)		Skin Check monitoring forms	to	
-	[medoy] exudate [drainage]. Medical record review of a Physician's order dated 1/6/16 revealed a pew area.			clinical meeting Monday-Frida for review and follow- up as	ay i	
ļ		iew of a Physician's Telephone		needed with any change in	į	
	"AN MESS CHESTER A VOICES	THURSDAY I BENIN ANNA FOR		condition for all residents.	(
Stage 3 foresensing	The state of the s	1	condition for all residents.			
4.4	WEST THE PARTY OF	1019 Arriv TACS Relevies	į.	All abusisian and	į	
(4)	CHANGE CHALLES	CBI alo icalchem aloinatet and		All physician orders are broug to clinical meeting by the	nt	
30	dry drsg daily et pri	· · · · · · · · · · · · · · · · · · ·	1_	To clinical meeting by the		
12	Medical record revi	ow of the TAR for January		Director of Nursing Monday-	1	
1 1	老人/ 12% 《表表音句语句 报记时》	MI CHER HOR BOY COMMISSION AND		Friday for review and to ensu	ге 📗	
10	1/10/16, and 1/11/1	ICIA Beef on 10014A. Jones		all treatment orders received	2.40	
1.0			,	have been placed on the TAR	by	
1.9	CONTRACT OF BUILDING A SECOND MENTAL AND A	esident on 1/12/16 at 10:45 5 room, with the Wound Care		the nurse taking the order.		
1.77	美力的公司 (100% 公司 (100)	TRESCRIBERTED SANDA DETERMINE PROPERTY AND ADDRESS OF THE PARTY AND ADD		The clinical team will check th	ie	
- 1	worsenen since the Issessment on 1/6/	WOUND CORP IN WEEK'S JOINT		TAR daily against the	1	
	0. 0 III	A		physician's orders. Any holes	in 🌗	
1 1	Merview with the W	ound Care Nurse on 1/12/16	*	TARS will be investigated to		
13 - 12	THE PARTY OF REAL PRINTS IN THE PRINTS IN	COURT OF THE PROPERTY AND ADMINISTRATION OF THE PARTY OF THE PROPERTY OF THE PARTY		determine if treatment was	j-	
1 1	IND ANDRESS COLOR INT	rse was scheduled to be in sedays and Thursdays each		missed. Any nurse who is fou		
1.0		SCHEW foundled when the		to have treatments that are n		
1 4	amino mais vittas	assessed the residence		done will have corrective action		
14	1000000 OR 1/12/16 1	he dressing on the way out		taken by the Assistant Directo		
- 6.1	urse was unsure th	dated and the wound care a last time wound care was		of Nursing/Director of Nursing	3/	
ft.	ompleted on this wo	DUNG. Further interview		Administrator.	į	
. # 1		THE WINDS TO PETUROUS FEBRUARIES OF A STATE OF THE STATE			Ī	
30	e repocii neo a sh Stat wood fraccio	ower earlier in the day, the g had fallen off, and she		Corporate nurse will be in	1	
· W	as unsure of when	the last time the wound rare	96	facility weekly x 4 weeks then		

ANDELA	NOF CORRECTION	DE1) PROVIDERSIAPPLENCES. IDENTIFICATION NUMBER	A. BURLOWS	CONSTRUCTION	(X3) DATI COM	E SURVEY PLETED
WWE OF	PROVIDER DE CUPPLIER	TNB101	th, water		01)	15/2016
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	done, but sourietime has my initials on it Continued interview resident's left laters pressure ulcer. Interview with the Data 2:23 PM, revealed the nurses PM shift were responsible to nurses on the days the building. Continued the building. Continued on Wednesday and interview confirmed was not being complete and care orders wound care orders wound care orders wound care orders wound care orders wound care orders wound care orders wound care orders wound care orders wound care orders wound care orders a pressure ulcers at risons and being complete and the pressure ulcers at risons 1/14/16 at 9:21 All station, confirmed the work in the facility Mc M to 2 PM. Continued the continued the pressure interview context in the facility Mc M to 2 PM. Continued the context in the facility Mc M to 2 PM. Continued the context in the interview con	d. Further interview revealed, wound care) may have been so the dressing in place still [from the week prior]" y confirmed the wound to the I heel was a facility acquired heel was a facility acquired heel was a facility acquired heel was a facility acquired heel was a facility acquired heel was a facility acquired heel was office, scheduled on the 6 AM to 2 misible for completing wound a Wound Care Murse was not linued interview confirmed the was scheduled in the facility. Thursdays only. Further the resident's wound care leted as ordered; wound care leted as ordered. Cality's Medical Director on in the Administrator's office, I Director was unaware were not being completed as interview and review of the 6 confirmed if wound care eted as ordered, any ure offer would be at risk of w pressure ulcer, worsening and placed residents with ak of harm. ed Fractical Nurse (LPN) #2 M, at the main nurse's a LPN was acheduled to inday through Friday from 6 and placed for Resident #76	N.GEB:	monthly x 3 months. All measures will be reviewed during QA meeting monthly x months then quarterly x 1 years. The QA Committee consists of the Administrator, Director of Nursing, Assistant Director of Nursing, Social Services, Activities, MDS Coordinator, Business Office Manager, Dietary Manager, Housekeepi Supervisor, Maintenance Director, Therapy Manager and Medical Director.	r.	

MIDPLA	HT OF DEFICIENCIES	(XI) PROVIDENSINTALERICELLA CHEMIFICATION NUMBERS	A SUILDING	CONSTRUCTION	(XX)) EAS CON	E SURVEY FLETED	
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	and review of the raction on the resident (1/1/16) and 1/4/16) on the resident's right (1/4/16) and the resident's right (1/4/16) and the resident's right (1/4/16) and the resident for the wound care as interview with LPN the main nusse's stables assigned to the PM shift. Continue confirmed the LPN care for the resident PPM shift. Continue confirmed the LPN care for the resident PPM shift. Continue confirmed the LPN care for the resident PPM shift. Continue confirmed the LPN care for the resident PPM shift. The resident PPM shift is a potential with Behali Depressive Disorde Chronic Persistence Fracture of the Hip: Madical record reviewed the potential for impairm related to fragile skeweled. Interversadared Medical record reviewed the resident record reviewed to the resident for impairm related to the resident for impairm related to the resident for impairm related to the resident for impairm related to the resident for impairm related to the resident for impairm related to the resident for impairm related to the resident for impairm related to the resident for impairm related to the resident for impairm related to the resident for impairm related	#5 on 1/14/16 at 2:44 PM, at all allow, confirmed the LPN had be resident on the 2 PM to 10. If the the LPN had not completed any wound to the facility on see including Alcoholic ar, Chronic Alexay Obstruction, invited Disturbance, c. Diabetes Mellites, and					

ANDFLA	HT-OF DESICIENCIES FOR CORRECTION	(XI) PROVIDERSUPPLEMENTAL IDENTIFICATION NUMBER: THE 101	(X2) MARTIPL A. BUBLDING: B. WING	E CONSTRUCTION	GOM	e suavey Pleteo
	PROVIDER OR SUPPLER EWOOD NURSING C	ENTER INC 332 RIVE	RROAD	TATE ZE CODE	1_01	15/2016
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	the risk soore, calc the risk soore, calc the were calc the were not score was 17, indice very low risk of day Medical record revisional dated 12/30/11 assessment done, and to R teteral foo Medical record revisional dated 12/31/11 prep and dry padde protection: (change skin prep and dry padde protection: (change skin prep and dry padde protection: (change skin prep and dry padde protection: (change skin prep and dry padde protection: (change skin prep and dry padde protection: (change skin prep and dry padde fight revealed the dear was completed fill revealed the right lateral floor revision mented as a Storm, no depth, with a normal skin surroun review revealed the had dry, normal, and Medical record revision fil	re. Further review revealed bing the addition to calculate ulated the score as 19 hewing the document, the added connectly and the true added connectly and the true ating the resident was at a eloping a pressure ulcer, ew of a Wound Care Nurse 5 revealed, " Weekly skin 2 new SDTI to R lateral heel his." ew of a Physician Telephone 5 revealed, " 1. Apply skin d drsg to R heet SDTI as Mon, Wed, Friday). 2. Apply added drsg to R lateral foot (change Mon, Wed, Friday). " ew of the TAR for January only days the resident's would have on 16716. 17718.	N668		* i sancakinamid S * * * * *	

AND PLAN	NT OF DEFICIENCIES FOF CORRECTION	(XI) PROVIDERSUPPLIERCIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ALBURDING	CONSTRUCTION.	(X3) DAT	E SURVEY.	
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ROOK	ewood nursing c	DECATU	R ROAD R, TN 37322				
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N 668	Communed From pa	age 98	N 688	- 70-70-70-70-70-70-70-70-70-70-70-70-70-7	Most discounted.		
The control of the co	wound, Continued was not draining ar Observation of the PM. In the hallway, wheelchair self-pro Continued observation of the weating shoes and Observation of the AM, in the front lobt a wheelchair self-pr	resident on 1/12/16 at 8:25 by, revealed the resident up in opelling through the hallway, realed the resident was		÷	an F	demonstration of the state of t	
	Interview with LPN in the main nurse's states assigned to care for Friday from 8 AM to confirmed the LPN responsible for comment of the days not scheduled to be laterview revealed it aware of the development wound care for initiation of the physical factor of the physical fa	If on 1/15/16, at 8:44 AM, at allian confirmed the LPN was the resident Monday through 2 PM. Continued interview was aware she was pletting wound care for the the Wound Care Nurse was in the facility. Further ne LPN had not been made sment of the SDTI on the and right foot. Further the LPN had not completed the resident since the ician's order on 12/31/15. Implified to the facility on as including Complete and Ankle, seese, Complete Traumatic freat Toe, Perforation of		Ø.	¥I		

AND PLAN	M OF CORRECTION .	(XI) PROVICERSLEFT LEWITA IDENTIFICATION NUMBERS	A BUILDING	E CONSTRUCTION	OKSH DAG	d APPROVI E SURVEY
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all all all all all all all all all all	To left great toe a BKA [below knee an with vound cleanaer betadine DAILY lea	Style Carter Section 2 - 2000		4) 29		
<i>!</i>	revealed, " Skin Co	w of a Resident Data Assessment dated 1/5/16 addition, 1. Amputation of sejL beet necrotic, amp reat toe"			* 4 * 4	40
The state of the s	To L great too: de pair too; de pair dry, pairit with be alt or wrap for comfoileanse with wound stetadine daily, leave comfort/drainage. Or January 2016 rewardered for the residence were completed.	w of the TAR for January llowing treatment orders: arise with wound cleanser tadine daily_leave open to codrainageTo _ heet. leanser, pat dry. paint with open to airlor wrap for Continued review of the TAR saled the wound care and's left great foe and left the days the Wound Care to work on 1/6/16 and			To be the second	
9 d	ore dated 1/6/16 rew reat toe amputation v urgical site and discr eveloping to 2nd toe, ressure ulcer] to L h edical record review	of a Physician Telephone	AND REAL PROPERTY BY THE PROPE			
or to	her carea medicine	ealed a new treatment 2nd toe " beladine to 2nd	·			

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NAME.

Division of Health Care Facilities STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (SI) PROVIDER/SUPPLIERCHA IDENTIFICATION NUMBER 1221 MARTIPLE CONSTRUCTION DISTRIBUTE SURVEY A BURDING: COMPLETED TN8101 B. WING 01/16/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY, STATE IN CODE 332 RIVER ROAD BROOKEWOOD NURSING CENTER, INC. DECATUR, TN 37322 SLIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY PULL PREFIX PROVIDER'S PLAN OF CONRECTION (EACH CONRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE EREFIX. COMPLETE REGULATORY OR LSC IDENTE YEAR INFORMATION TAG TAC CATE DEFICIENCY N 668 Continued From page 100 N 688 Medical record review of the TAR for January. 2016 revealed the wound treatment orders were only completed on the days the wound care nurse. was in the building (1/6/16 and 1/7/16) and was not completed on 1/6/16 through 1/11/16 (a total of 4 days). Medical record review of Wound/Skin Record dated 1/13/16 revealed the wound on the left. great toe measured 10 cm by 10 cm with an undetermined depth, necrotic wound bed with darkening onto the surrounding skin of the planter fact. Confined review revealed the wound was accessed as "...no change..." from previous assessment on 1/6/15. Continued review revealed the pressure wound (SDTI) on the left heel was documented as measuring 3 cm by 5 cm, unstageable, with undetermined depth Continued review revealed the wound bed was "...black-ascratic..." with the surrounding skin normal and pink with defined wound edges. Further review revealed the wound was dopumented as unchanged from the previous assessment on 1/6/16. Interview with the facility's Medical Director on 1/13/16 at 12:10 PM, in the Administrator's office. confirmed the Medical Director was unaware the resident's wounds were not being treated as ordered. Continued interview with the Medical Director confirmed the facility's failure to treat pressure wounds as ordered could result in the worsening or development of new pressure wounds and placed residents at risk for further barm. Interview with the Wound Care Nurse on 1/14/16 at 9:30 AM; at the main nurse's station, revealed when the Wound Care Nurse came to the facility

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4 688	Continued From p	age JD1	N 688	The second secon	-	-
	to the tent great too which were presen day the Wound Ca work, 1/7/16.	ressed Resident #24's wounds and left heel, the bandages It were still dated for the last re Nurse was scheduled to	The state of the s			
į.	Interview with LPN #2 on 1/14/16 at 9:21 AM, at the main nurse's station, confirmed the LPN was assigned to care for the resident Menday through Friday from 6 AM to 2 PM. Continued interview confirmed the LPN had only completed wound care on the resident's right below knee amputation due to the amount of drainage from the wound. Continued interview confirmed the LPM did not complete any wound care to the resident's left great too or left heel.					stammetersforce income? A consideration of the constraint of the c
5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	the Administrator's Care Nurse was on Wednesdays and T interview revealed to the 6 AM to 2 PM s completing wound or residents on the da not scheduled. Fur LPNs were respons these days to ensur being followed. Cor wound care orders	ON on 1/15/18 at 9:32 AM, in affice, revealed the Wound ly in the feeling on flursdays. Continued he LPNs scheduled to work hift were responsible for an for their assigned ys the Wound Care Nurse was liber interview revealed the ible for checking the TARs on e all ways care orders were attinued interview confirmed for the three residents with e not being completed as				
	interviews with staff revealed no system ensure treatment or completed as order Murse was not in the	of medical records and conducted during the survey alic process was in place to ders for wounds were being ad on days the Wound Care a facility, which was only two esday and Thursday).	engang			

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popularity () () () () () () () () () (and the Medical Di aware treatment or the days the Vivoun scheduled in the fa neither the Director Director had invest development of the	ed with the Director of Mursing rector revealed neither were ders were not completed on d Care Murse was not clity. Interviews revealed of Mursing or the Medical	N 666			The state of the s
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